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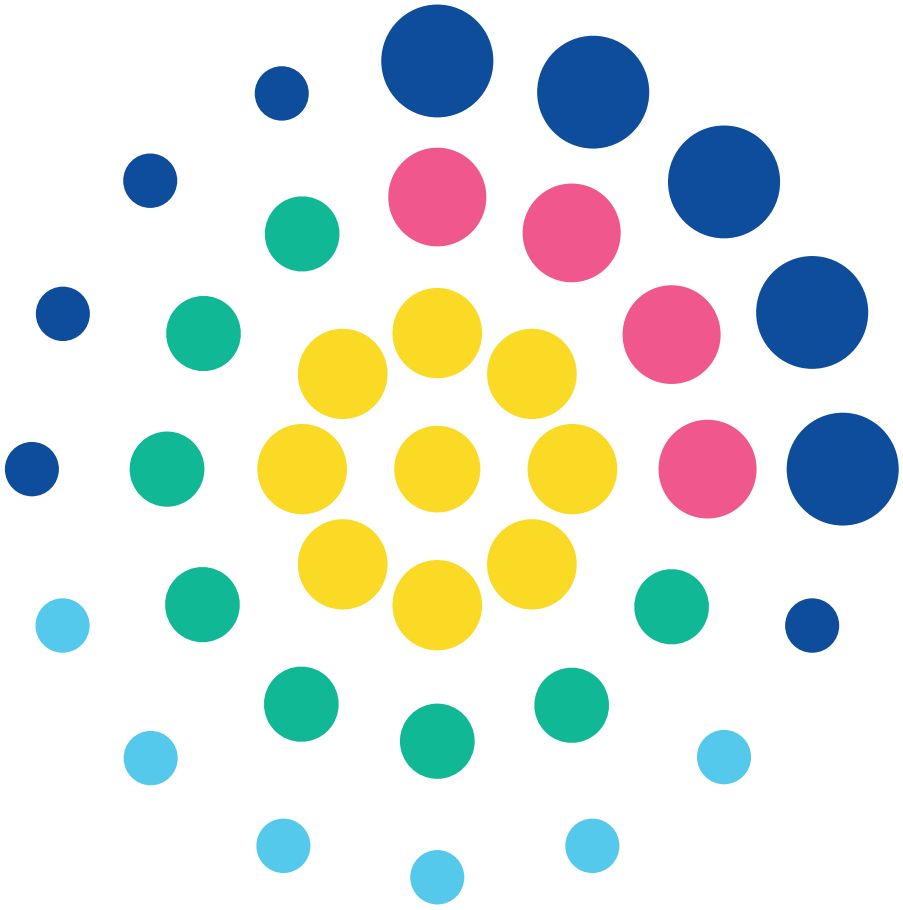

SUCCESS

ANNUAL REVIEW 2016

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INTRODUCTION

DAVID CROSER
Editor

THERE MAY ONLY BE A NARROW MARGIN BETWEEN **SUCCESS** AND **FAILURE**

Success comes in many shapes and forms, and can be viewed in different ways by different people. During the course of our personal lives and professional careers, most of us come to appreciate the narrow margin that sometimes exists between success and failure. We are only ever one patient away from our greatest triumphs or disasters. The same dentistry, provided by the same clinician, can be a spectacular success in one patient or on one occasion, but yet a spectacular and costly failure in a different situation. The same dentistry can be very successful in one respect but not in another, and clinicians and patients will even have diametrically opposing perspectives of the same outcome on some occasions.

The same applies to dental practices and organisations in and around dentistry – success can be elusive and sometimes fleeting, and long-term success can only be built upon firm foundations. Developing an understanding of both successes and failures, and the factors that contribute to each of them, is what this year's Annual Review aims to achieve. The content is drawn from many sources within and outside dentistry. By looking beyond the traditional stereotypes of success, I hope you will be encouraged to reconsider what success means to you personally.

Amid all the pressures and challenges of our busy professional lives we don't always pause to ask ourselves this question and that very omission can make it more likely that real and enduring success will continue to elude us.

David Croser BDS LDSRCS MFGDP(UK)
Editor

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On a personal note

I have had the pleasure of editing Dental Protection's Annual Review for the last 15 years. The publication is a true team effort and contains contributions from all parts of the organisation; this year more than ever because we have a newly expanded in-house design team working on this project under the leadership of Emma Senior.

CHAIRMAN'S REPORT

It is always a serious moment for me as I come to write the Dental Protection Chairman's Report – an opportunity for reflection on all that has happened in the past year. The theme of this year's Annual Review – "Success" – is a very interesting one and entirely appropriate.

More than meets the eye

You might make the mistake of believing that Dental Protection and the wider Medical Protection Society (MPS) spends most of its time and resources dealing with the consequence of failure of one kind or another on the part of systems or individual dental health professionals.

Being human, there is plenty of that of course – whether clinical failures, communication issues, lapses of concentration, errors of judgment, flawed decision-making, ethical shortfalls, or plain misfortune. There are also many unsubstantiated and unjustified allegations of such failure that need to be (and are) robustly resisted. We also see systems and processes failing, and some of them are investigatory or disciplinary processes, and legal or regulatory processes. When these processes are not operating fairly, our members suffer the consequences and we can and should be at their side to fight these battles with them. By putting things right we can also help other members by making it less likely that they will have to endure the same experience.

Your views

In 2015, we did some research into our members' perceptions of the experience of being sued, or being investigated by their regulatory (registration) body. Not surprisingly a high proportion of these members (90%+) found it stressful and worrying and 67% reported an adverse effect on their confidence and morale. But we were less prepared for the findings that 78% of them reported a detrimental effect upon their mental or physical health, with a similar proportion saying it had a significant impact on their personal life. About one in three had even considered leaving the profession, which is as revealing as it is troubling.

As someone who has spent his entire career involved in the teaching of undergraduate and postgraduate students, and knowing the commitment that is involved in becoming part of our profession, I find these statistics very sad and a real indictment of the high-pressure and largely unforgiving world that healthcare has become.

It is clear to me that many of our members have to work in imperfect professional systems, environments and workplaces and they are very often placed in invidious situations through no fault of their own. Many members are triumphing over such adversity and achieving admirable professional and personal success, and others achieve wonderful things through their own skills, creativity and hard work. It is some of these successes that this year's Annual Review is reflecting.

A great team

I cannot write on the theme of "success" without commenting on the activities of the staff of Dental Protection and the wider MPS. As Chairman of Dental Protection, I have had the opportunity to meet with many staff across many roles within the organisation. Despite the increasing workload, the staff still manage to perform their duties with great aplomb and success. It is my view that everyone across the organisation deserves our thanks as members. The members of the Board of Dental Protection also deserve our thanks for all that they do for the organisation – offering time, opinion and professional expertise in so many ways.

I have also been able to meet MPS members in various locations across the world, including Ireland and Australia. I learned much about our business from local people in each of these locations and I am grateful for the time they spent with me. During my stay in Australia, I visited our offices in Brisbane and was most impressed by this group of hard-working and loyal staff.

The future

As a teacher of undergraduate dental students, I am challenged daily by how successful these colleagues are – high-achieving academically but also in sport, music, politics and the arts. Our dental schools are full of very successful people and it is a pleasure to see that success extend into professional life. I am always particularly impressed when dental health professionals who qualify in one jurisdiction take up residence elsewhere and go on to make a success of their career in that new place – despite having to learn new regulatory and financial systems, as well as new drug names, radiology regulations etc. Some individuals just seem readily able to thrive on change and prove successful in a different professional environment.

During my trip to Australia, I met up with four young UK graduates who are pioneering a new professional life there. They were excited by the challenges of the culture and the new working environment, and it was refreshing to feel their enthusiasm for life!

Dental professionals, wherever they are in the world, are often inspirational and successful people who work hard and regularly "go the extra mile" for patients. I often find members of our profession

in positions of influence on, for example, school boards, charitable trusts and public bodies. It is troubling, therefore, to find such inspiration and success frequently choked out by current concerns over regulation and increasing litigation.

The wider profession

Most of the time we are striving for the best possible result for an individual member, but with increasing frequency we are finding ourselves taking on wider battles on behalf of our members collectively. There have been many examples of this in the relatively short period since I became Chairman. Each and every time we are successful in these endeavors, we are assisting members who may never have asked for our help and who may never fully realise what we have done on their behalf and in their interests. It is only because I hold a position within the organisation from which to view all this "behind the scenes" work that I have come to appreciate how much of it is going on.

Our worldwide membership continued to increase in 2015 and the high levels of member satisfaction revealed in the many surveys that we conduct throughout the year are nothing short of remarkable. I could offer you some impressive numbers from these surveys, demonstrating our ongoing performance measures, reported to the Board at every meeting. But I can spare you that because the true success of an organisation such as ours cannot be measured simply in numbers (whether of members or of money) however important they may be in another sense.

Ultimately our success must always be measured in terms of how well we look after our members and their interests, and how much security and peace of mind we deliver for them – because that is the purpose for which MPS was established all those years ago.

Transition

It is entirely apt that a report with "success" as its theme should coincide with the departure of the Dental Director, Kevin Lewis. Put simply, success has been the hallmark of Kevin's professional and personal life. He has been hugely influential in our profession and in the organisation. I wish Kevin a long and delightful retirement and, on your behalf, I thank him for his unswerving and unstinting commitment to Dental Protection and MPS and the membership over many long years. Kevin, we salute you and we shall miss you! I warmly welcome Raj Rattan as our new Dental Director and look forward to working with him in the years ahead – years I am sure that will be marked with significant success.

Professor John Gibson
PhD BDS MB ChB FRCP(Glasg) FDS(OM) RCPS(Glasg) FFDRCS(Irel) FDSRCS(Ed)
Chairman of DPL's Board of Directors

DIRECTOR'S REPORT

27 years ago, while on holiday with my family, I received a phone call during which I was asked whether I would be willing to serve on the Board of Directors of a new subsidiary company that the Medical Protection Society (MPS) was about to form.

MPS had been my indemnity/defence organisation since the day I graduated, so I was flattered to be asked and delighted to accept. That new company was Dental Protection Limited (DPL) and I could never have imagined the journey upon which I was embarking and how interesting and satisfying the next quarter century of my professional career was to become. My long association with MPS and Dental Protection has been an important part of my career thus far, but one year ago I announced my intention to have stepped down as Dental Director by mid-2016 so this is my final report to you.

The original dental members

MPS has had dental members since the very beginning, 124 years ago. I am told that there were a few hundred of them by the turn of that century (1900) – all based in the UK – and this had already grown to just over 23,000 members in five continents by the time DPL was created in 1989. That number has since trebled to almost 70,000, setting us apart as the world's leading specialist provider of dental professional indemnity. It is an amazing story and unarguably a success story too, because the dental profession does have to fight quite hard to get its voice heard amidst all the "noise" surrounding the wider medical profession. Through the vision and courage shown by MPS at the time, the Dental Protection brand was created to allow a degree of focus on the dental profession and issues impacting upon them, by dental colleagues who really understand not just dentolegal issues, but dentistry itself. How welcome and refreshing is that?

It's in the title

It is serendipitous, therefore, that this year's Annual Review should have "success" as its main theme. As its pages unfold I hope that it will stimulate thought, prompt questions and suggest some possible answers.

Every year – indeed every week and month, and probably every day – we make a difference to the lives of members somewhere in the world. The sentiments that I see expressed in our surveys, in personal letters and when meeting and talking with members (and even their family members), leave me in no doubt that our presence is a source of great comfort and reassurance and our efforts are deeply appreciated. Our commitment and willingness to fight important points of principle on behalf of our members – both individually and collectively – is of our DNA. It is also respected by regulators (dental boards and councils), governments, claimant law firms and others with whom we interact, and this is important too. All of this has been a source of great satisfaction and pride and it has been an honour and privilege to have been a part of this team effort over so many years.

Multi-faceted

Success comes in many forms however, and I see it not just in terms of a claim successfully defended or a colleague who comes through a disciplinary investigation with his or her reputation unscathed; nor even removing the financial burden of a claim from a dentist's shoulders. Less obvious is the fact that these members of this organisation – part of the Dental Protection family, if you like – are able to regain their self-belief and move on with their life and career. We have a better view than anyone, I believe, of the escalating impact that dentolegal challenges of all kinds can have on a dental health professional. Heavy-handed regulators, ambulance-chasing law firms and irresponsible headline-chasing journalists are doing the public interest no good at all when they crush a dentist's enthusiasm and professional pride.

And what about the intangible successes about which we will never know, concealed in the fact that potential cases were avoided through education and risk management advice we have provided? Even the aspiration to be as good as we can be, rubs off in other ways I am sure, and I do not doubt the value of the time, money and effort we have invested in our publications, lectures and workshops and other risk management resources.

My successor

I leave Dental Protection in the highly respected and most capable hands of the incoming Dental Director, Raj Rattan. Having worked with us as a part-time dentolegal adviser since 1993, and in recent years as a Senior Dentolegal Consultant he is hardly a stranger to the team. He has a very high profile in the UK and Ireland but he is no stranger to members in South Africa, New Zealand, Australia, the Caribbean and some parts of South East Asia either, having lectured in all of them.

He and I have lectured together on many occasions, including at the memorable Centenary FDI World Dental Congress in Hong Kong back in 2012. His insightful articles have graced the pages of our Annual Review on many occasions and he has co-authored a textbook on dental risk management – but crucially he has a wealth of experience and a deep understanding of the challenges of dentistry, and in particular general dental practice. Raj can lead Dental Protection to ever-greater heights and I warmly wish him every success in his new role as Director.

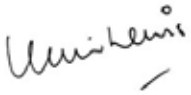
Raj has the support of an excellent group of knowledgeable and experienced senior management colleagues with whom I have worked closely over many years. I am immensely proud of our 70-strong team of dentolegal advisers who provide the front line service. Their work is underpinned by membership, marketing, secretarial, administration and other teams who carry out a variety of key functions in the course of our work on behalf of members. Their collective knowledge and experience, skill and commitment is outstanding and something with which I have been very proud to be associated. They are at the heart of Dental Protection's continued success.

Thank you

I welcome this final opportunity to publicly thank each of them – and all those who preceded them during my 18 years as Dental Director – for their personal contribution and support. I would include here all our locally-based advisers, lawyers and barristers, advisers and consultants and valued experts. Thanks also to our many Scheme of Co-operation partners and the many organisations and individuals with whom we work so closely around the world.

Finally, I must thank our Chairman John Gibson and every member of the DPL Board of Directors for their unflinching commitment and support. John is our sixth Chair with whom I have had the pleasure of working and looking back, we have certainly had some amazing people both in the role of Chair, and serving on the Board. They know how much I have appreciated their support and shared belief in what we are doing and why.

Perhaps the most reassuring thing I can say as I move on from Dental Protection is that you need never be in doubt that the passion for serving and supporting the dental members of this organisation burns as brightly today as it did 27 years ago. The commitment to that same purpose which created Dental Protection, still runs through my successor Raj Rattan and every member of the team today and I have no doubt that this will remain the case long into the future. I wish you all well for your own success in the years ahead.



Kevin J Lewis
BDS LDSRCS FDSRCS(Eng) FFGDP(UK)
Dental Director

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Dental Director

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From June 2016

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Communications Manager

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Yvonne Shaw BChD DPDS LLM

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Martin Valt BChD MSc MSurgDent DipConSed MFGDP LLB

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Educational Services Director

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Caroline Chapman BDS LLM

Dental Claims Advisers

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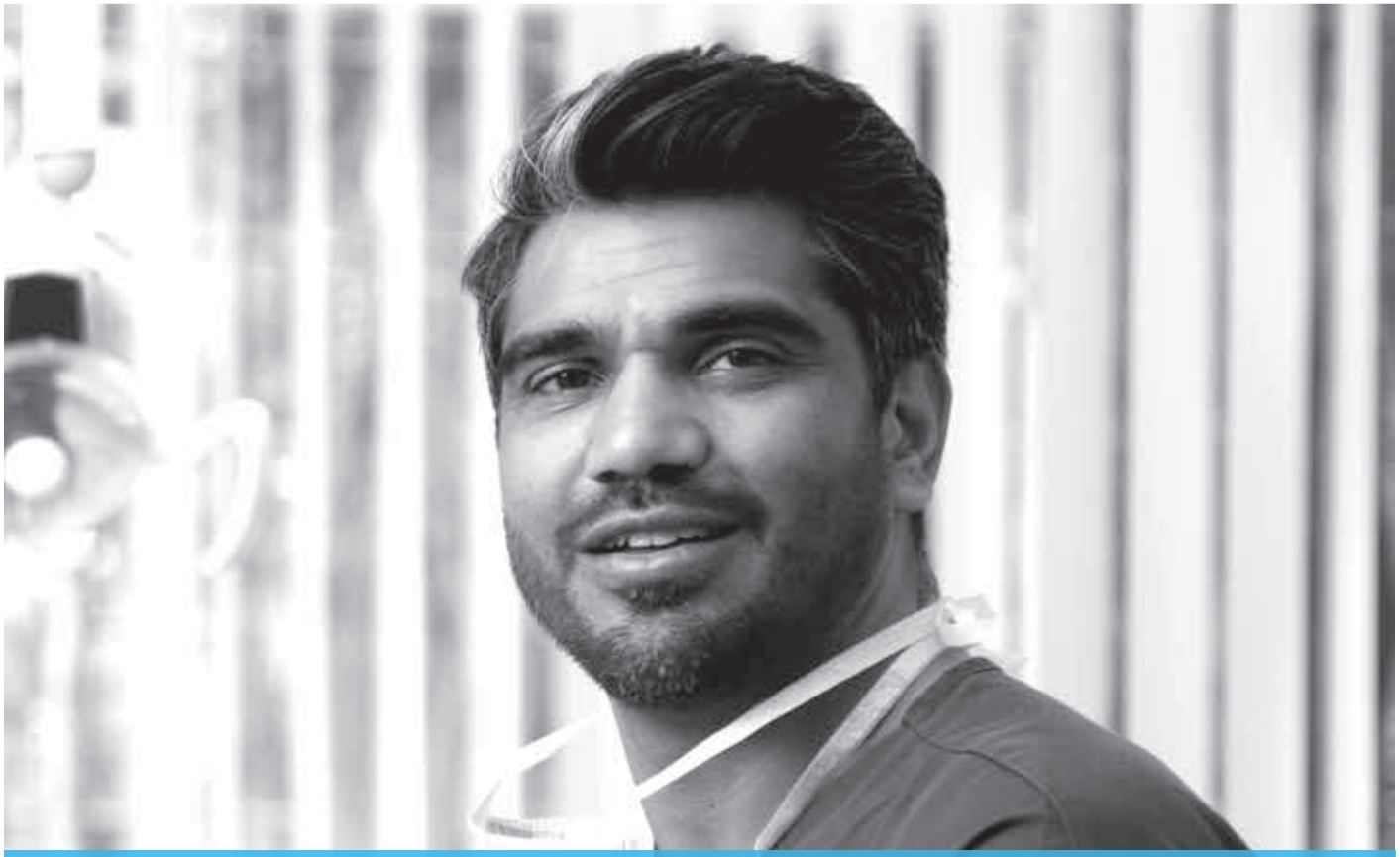
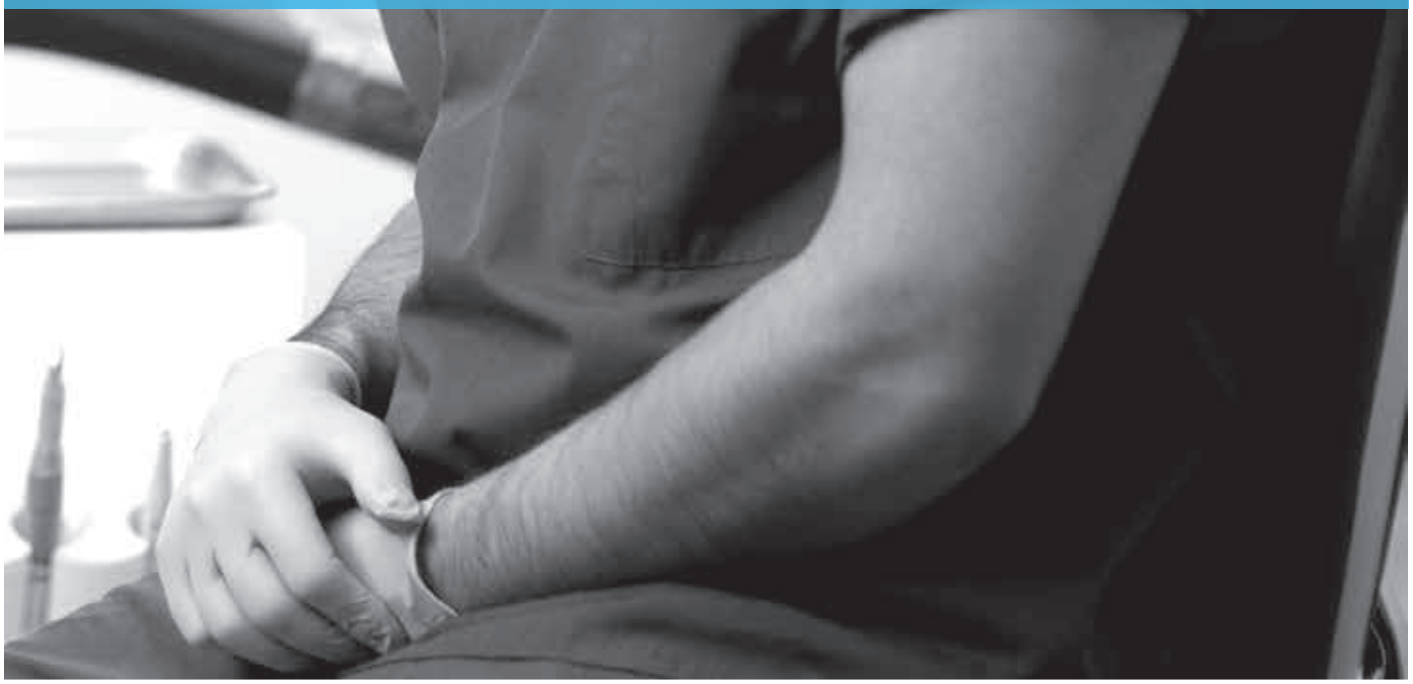


KEYNOTE



KEVIN LEWIS

WHAT DOES **SUCCESS** LOOK LIKE?

- It is up to each one of us to decide what our own success should look and feel like
- Question success defined by others, or somehow dictated by society
- A clear grasp of what is important to you and what you are trying to achieve, will help you choose correctly when important decisions arise.

For many successful people, a key ingredient of success is that other people respect them and recognise them as being successful. Members of the dental profession generally enjoy a privileged standing within the community, but success can be measured in many different ways. Different people will attach a different weight to the emotional/human, financial and professional/technical elements and (where it exists) what one might term the "strategic" dimension of the overall picture. In the same way, opinions will differ about the relative importance of the various elements within each of them (see Table 1). All these dimensions are inter-related and the financial element is certainly not the only one which is impacted by whether you are self-employed (perhaps owning and running your own dental practice) or working as a salaried employee.

Table 1
SOME ELEMENTS OF SUCCESS

Emotional/human	Professional/technical
▪ Happiness ▪ Contentment and wellbeing ▪ Fulfilment ▪ Values and self-respect ▪ Respected by family/ friends/others	▪ Quality of clinical dentistry ▪ Patient care and satisfaction ▪ Professional recognition ▪ Professional integrity ▪ Respected by peers
Financial	**Strategic**
▪ Successful business (profitability and cash-flow) ▪ Material success ▪ Money for today ▪ Money for tomorrow ▪ Money for the future	▪ Attainment of personal goals ▪ Improvement & career development ▪ Attainment of professional goals ▪ Successful business in a strategic sense (size/ reputation/ethos / other non-financial determinants) ▪ Influence, impact and legacy

For one individual, success might mean achieving higher professional qualifications or a senior position. For another it might be related to research, or publications.

But in modern society, success is increasingly associated with money (as reflected in material "net worth") and power. The term "net worth" is not helpful at all, as it implies that "worth" and "value" can only be measured in financial terms. And all of these elements are increasingly confused with happiness, contentment and well-being.

Arianna Huffington is co-founder and editor-in-chief of The Huffington Post, and outwardly would be viewed as one of the world's most influential and successful women. In 2014 she wrote a candid and inspirational book Thrive[1] which quickly became an international bestseller, not least because it challenges each and every one of us to question what kind of success we are searching for. In the opening section of the book she shares with us a very personal moment of catharsis which could have been disastrous in its consequences but was in fact a triumph of sorts. Initially in heavy disguise, perhaps, but a triumph nevertheless.

On the morning of 6 April, 2007, I was lying on the floor of my home office in a pool of blood. On my way down, my head had hit the corner of my desk, cutting my eye and breaking my cheekbone. I had collapsed from exhaustion and lack of sleep. In the wake of my collapse, I found myself going from doctor to doctor, from brain MRI to CAT scan to echocardiogram, to find out if there was any underlying medical problem beyond exhaustion. There wasn't, but doctors' waiting rooms, it turns out, were good places for me to ask myself a lot of questions about the kind of life I was living.

WIKICOMMONS

Arianna Huffington

We founded The Huffington Post in 2005 and two years in we were growing at an incredible pace. I was on the cover of magazines and had been chosen by Time as one of the world's 100 Most Influential People. But after my fall, I had to ask myself, "Was this what success looked like?" "Was this the life I wanted?" I was working eighteen hours a day, seven days a week, trying to build a business, expand our coverage, and bring in investors. But my life, I realised, was out of control. In terms of the traditional measures of success, which focus on money and power, I was very successful. But I was not living a successful life by any sane definition of success. I knew something had to radically change. I could not go on that way.

This was a classic wake-up call. Looking back on my life, I had other times when I should have woken up but didn't.

"What is a good life?" has been a question asked by philosophers going back to the Ancient Greeks. But somewhere along the line we abandoned the question and shifted our attention to how much money we can make, how big a house we can buy, and how high we can climb up the career ladder. These are legitimate questions, particularly at a time when women are still attempting to gain an equal seat at the table. But as I painfully discovered, they are far from the only questions that matter in creating a successful life.

Over time, our society's notion of success has been reduced to money and power. In fact, at this point, success, money, and power have practically become synonymous in the minds of many. This idea of success can work – or at least, appear to work – in the short term. But over the long term, money and power by themselves are like a two-legged stool – you can balance on them for a while, but eventually you're going to topple over. And more and more people – very successful people – are toppling over.

As my eyes opened, every conversation I had, seemed to eventually come around to the same dilemmas we are all facing – the stress of over-busyness, overworking, over-connecting on social media and under-connecting with ourselves and with one another. The space, the gaps, the pauses, the silence – those things that allow us to regenerate and recharge – had all but disappeared in my own life and in the lives of so many I knew.

Later in the book, the author offers us her thoughts on where all the "spaces" and "pauses" might have disappeared to. She describes our relentlessly progressive dependency upon electronic devices as "Over-connectivity: the snake in our digital Garden of Eden." She explains:

Unfortunately, the ever-increasing creep of technology – into our lives, our families, our bedrooms, our lives – makes it much harder to renew ourselves. The average smartphone user checks his or her device every 6½ minutes. That works out at about 150 times a day. But the connection that comes from technology is often an unfulfilling, ersatz version of connection. Its siren call (or beep, or blinking light) can crowd out the time and energy we have for real human connection.

Our relationship with email has become increasingly one-sided. We try to empty our in-boxes, bailing like people in a leaky lifeboat, but more and more of it keeps pouring in. How we deal with our email has become a big part of our techno-stress. And it's not just the never-ending e-deluge of emails we never get to – the growing pile that just sits there, judging us all day – but even the ones we do get to, the replied-to emails that we think should be making us feel good. Linda Stone worked on emerging technologies at both Apple and Microsoft in the 1980s and 1990s. In 1997, she coined the term "continuous partial attention" to describe the state of always being partly tuned in to anything. Now it feels like a good three-word description of modern life.

Perspective and Balance

A strong undercurrent that pervades the pages of Thrive is that success is not just about what you achieve, but how you achieve it. In terms of professional/technical (clinical) success it is worth pausing to remind ourselves that even the highest quality of clinical dentistry in a technical sense is diminished in its value if the treatment is not necessary in the first place, or if it doesn't serve the patient's needs or best interests.

> Work-life balance: that elusive nirvana that so many of us were led to expect 20 or 30 years ago and the members of Generation X are still looking for today.

Similarly, what is the real value of any apparent financial "success" that is based upon unethical or dishonest behaviour, and/or the provision of treatment that is inappropriate or of poor quality? Using Arianna Huffington's analogy of the two-legged stool, it may feel like success for a few fleeting seconds but sooner or later the painful reality will become apparent.

The book spends time discussing the issue of "work-life balance" – that elusive nirvana that so many of us were led to expect 20 or 30 years ago and the members of so-called Generation X are still looking for today. They were promised a short working life and a long leisure-rich retirement. Two recessions and a global financial crisis later, they face the prospect of an extended working life and a retirement that is more difficult than ever before to plan for and adequately resource. Whether or not it ends up being a shorter retirement may well depend on how many of the lessons of this book are taken on board.

1. Thrive; Arianna Huffington. Published by W H Allen 2014. ISBN 978-0-75355-542-2 Reprinted by permission of The Random House Group Limited
2. In Praise of Slowness; Carl Honoré New York: Harper One, 2004. ISBN: 978-0-60750-510

Unsurprisingly - as a career woman herself and the mother of two daughters - the author tackles head-on the dilemma faced by all those women who are trying to combine career and family and achieve success in both. But she is quick to acknowledge that while mothers are biologically equipped to have a particular role in delivering and nurturing children, fathers are also touched by some elements of the same dilemma while children are growing up.

She recounts the memorable story told by Carl Honoré in his book In Praise of Slowness[2]. At a frantically busy time in his life, he was at an airport waiting for a flight home from Rome. Instead of relaxing and treasuring a short period of enforced "down time", he was filling his time making phone calls while simultaneously flicking through the pages of a newspaper or magazine.

His eye was drawn to a feature headed "The One Minute Bedtime Story" which explained that many of the classic children's stories had been slimmed down so that they took just 60 seconds to read. His first reaction was to think what a great timesaver this could be, as he had a two-year-old son who was very fond of his bedtime stories. Instinctively making a mental note to order a copy of the book as soon as he got back home, he suddenly came to his senses, asking himself "Have I gone completely insane?"

It is a nice story and a thought-provoking one on many levels. Nobody tells us that every waking minute of every day needs to be packed full of "stuff". That is a deluded conclusion that we come to when we are struggling to fit everything in – instead of pausing to ask ourselves whether we are fitting the right things in and prioritising them in a sensible and sustainable way.

Several times in her book Arianna Huffington challenges the reader to ask whether they are looking after themselves (in the holistic sense) or simply doing things that will please or impress others. This goes to the very heart of what success means, and to whom, and how much it matters. Her analogy of the pre-flight safety demonstration which exhorts parents to fit their own oxygen mask first, before attending to fitting the masks for their children, is a powerful one. In order to be truly successful, you have to invest time in yourself and be very clear about your priorities rather than picking up the crumbs after you have spent all your quality time chasing less meaningful trinkets of success. In healthcare, we cannot hope to care for others to the best of our abilities unless we ourselves are in a fit state to do so.

Thrive concludes with an uplifting Epilogue:
I wanted to share my own personal journey, how I learned the hard way to step back from being so caught up in my busy life that life's mystery would pass me by. But it was also important for me to make it clear that this was not just one woman's journey. There is a collective longing to stop living in the shallows, to stop hurting our health and our relationships by striving after success as the world defines it – and instead tap into the riches, joy and amazing possibilities that our lives embody.

Summary

It is up to each and every one of us to decide for ourselves what success should look and feel like for us personally. As with everything else in life, it is to some extent a question of finding the right balance, and with this in mind a moment of reflection upon Table 1 may be beneficial. A common mistake is to fall into the trap of striving for somebody else's vision of success, or indeed for success on terms that society has somehow dictated. When surrounded on all sides by urban myths of what a successful dentist looks like, it is not always easy to pursue success on your own terms, and at your own pace, but ultimately it makes little sense to do otherwise.

A career in dentistry can certainly be all-consuming – whether you spend it in general practice, specialist practice, the hospital/public service, research or some other area of the profession. Working in any healthcare field brings challenges which are different but no less demanding than the commercial world of business, and we need to be mindful that there are times in everybody's life when external pressures will conspire to drive us off course and it will be particularly difficult to square the circle.

Understanding and accepting that reality, whilst having a clear grasp of what is important to you and what you are trying to achieve, will help you to make right choices when important decisions need to be made.

Biography

KEVIN LEWIS
BDS LDSRCS FDSRCS(ENG) FFGDP(UK)

Kevin Lewis has given 27 years of continuous service to MPS and has been Dental Director of Dental Protection for the last 18 of them. Although he is stepping down this year, he will still be involved in and around dentistry both in the UK and internationally.

LEN D'CRUZ

MEASURING UP - WHO DECIDES?

- **The patient**
- **Another healthcare provider**
- **A court of law**
- **A dental council or board**

All of the above can have a view, but sometimes a clinician can be their own harshest critic.

There is something uniquely pernicious about the concept of success since, like beauty, it is very much in the eye of the beholder. The meagre constraint of the lens through which success is perceived is the very stuff that determines how dentists and their teams come to be applauded or derided for their efforts.

Kaleidoscope

A tube with mirrors and glass that produces different patterns and colours, in an ever-changing sequence from the same group of objects.

NATBASIL@THINKSTOCKPHOTOS.CO.UK

Kaleidoscopic effect

Whichever way you look at things when measuring success of the clinician, the process of enquiry generally starts with the patients; those individuals that form the life blood of clinical practice. Whilst it might seem obvious that there is no better judge of a successful clinician than the patient, the end user, and much credence is given to the consumer's voice, the experience of the courts, regulators and Dental Protection would suggest otherwise. And herein lies the paradox.

To the patient, the first treating clinician may be warm and friendly, empathetic, kind and informative. They provided painless and minimally invasive dentistry and they explained the costs and justified the treatment which they provided or did not provide.

To the very next dentist who sees that same patient, the trappings of success, as perceived by the patient, will not be the same criteria as those defined by the dentist. The painless dentistry experienced by the patient resulted from very little dentistry being provided; in fact the teeth were patched up with little or no drilling and this eliminated the need for a potentially uncomfortable injection. The warm friendly chats with the first dentists were in fact about holidays and family, and never strayed too far into preventive advice, warnings about failing restoration or pathology.

Moving to a new dentist

For the patient, seeing the second dentist, the revelation that they have extensive dental problems comes either as a shock with an associated desire to seek legal or regulatory redress or sometimes, just occasionally, with a shrug of the shoulders and an acceptance that their old dentist may not have been a splendid dentist but they were nice and they don't want to cause them too much trouble. Voting with their feet is possibly the most aggressive thing this particular patient will do.

Time moves on

The criteria for success changes with time; what might be judged as avant garde today and cutting edge, with the benefit of hindsight can sometimes seem like folly at best or crude ignorance at worst.

The clinical view of dentine pins, silver point root fillings, full coverage long span bridges, amongst other clinical issues, generates much emotional heat over their use and abuse and future generations will look back and wonder what we were thinking about.

Such views can apply just as easily to what is in the patient's mouth as to what is no longer there. In a period of time just about spanning two generations, many countries around the world have fewer edentulous patients than ever before, such that undergraduates have little or no experience of providing complete denture prosthetics. This successful outcome has come about from a combination of the patients' expectations of keeping their teeth and modern dentistry having the capability of delivering long-term restorative solutions.

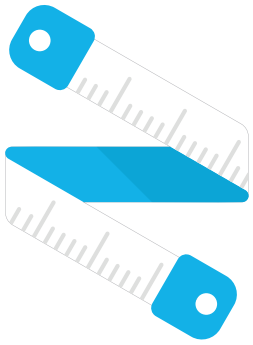
Who can we ask?

If the patient cannot always be relied upon to decide if a clinician's treatment measures up, can we rely on other professional colleagues? The answer ought to be a resounding "yes" but many years of Dental Protection's experience demonstrates the very opposite. A clinician motivated by competition, economics, ego or a desire to impress the patient with their skills and aptitude will sometimes adopt an unbalanced view and propose a clinical solution, leaving the patient in a worse predicament than before. In the absence of valid consent, such an unethical decision is unacceptable but the choice of treatment is not always recognised for what it is.

Whilst the patient is entitled to know the current condition of their mouth, self-serving subjective criticism about another clinician's work serves only to undermine the patient's confidence in the profession or needlessly provoke a complaint or claim. The measure of success for the new dentist is to win the business of restoring the patient to what they perceive to be better care for them whilst also seeking to enhance their standing and reputation with the patient.

Another turn of the kaleidoscope

The measure of success of a clinician's treatment looks different again when a lawyer is holding the "tape-measure" and looking at the clinical records, radiographs and assessing the quality of clinical care with the help of an expert. Here, sometimes, many years of treatment is distilled into a single question. Was there



a breach of duty in providing that care and did the dentist do something that a reasonable dentist would not have done - or alternatively did not do something a reasonable dentist would have done?

The measure of this test comes largely from the clinical records. Irrespective of how good you think your care was other people, in the cold harsh light of a forensic examination of your decision-making process, clinical record keeping and delivery of care may come to a different conclusion.

In the spotlight

No one now remembers the difficult and awkward patient for whom you relieved of severe dental pain just minutes before you saw this particular patient who is now making a legal claim against you. At this point nobody will remember the kind and helpful way in which you dealt with a really nervous patient just after you saw the patient who is now making a legal claim against you. Nor will the fact that this second individual, that you helped, trusts you implicitly with their dental care and would never see another dentist apart from you.

Unfortunately, that is all forgotten and the legal claim, its successful defence or settlement becomes the measure of your clinical skills in the eyes of professional colleagues and sometimes the media if the claim is given publicity by the law firm that successfully sues you.

Successful defence

Of course, there are occasions when claims can be successfully defended. But these moments are never triumphant celebrations of unbridled joy; nor will you experience the kind of pleasure you might feel winning a race, a competition, landing a prized job or buying something you have yearned for over the years.

Instead it can feel like a hollow pyrrhic experience, more a vindication of your actions and a puzzled angry feeling that the patient and their representatives had put your career on hold for so long and for no apparent reason, when all you were ever trying to do was your best for the patient. The judgement that is made merely cements the precarious anguish which leaves dentists and their teams feeling that they are a soft target for any opportunist seeking to blame somebody for their dental condition.

Whilst a claim can largely be resolved with money, an enquiry from a regulator can have potentially far reaching consequences which ultimately could result in the removal of your licence to practise. These are not private moments of despair but in certain stages of the proceedings there is public scrutiny of your conduct with ringside seats for anyone who feels like being a spectator. When there are sensational allegations involving sexual impropriety, money, fraud (or all three), tabloid newspapers and television cameras add to the circus.

A regulator's view

Across the world, Dental Protection has experience of the differing styles of tribunal enquiry established by regulators to investigate allegations made against a professional. The regulators have powers to impose sanctions designed to protect the public, uphold the public confidence in the profession and discipline the registrant.

The measure here relates more to a registrant's conduct and professional behaviour set against written standards published by the regulators themselves. These hearings are far removed from the clinical environment in which the care was originally delivered, with the clinician immersed in a dystopian world of lawyers and legal process as to be almost theatrical.

The clinician is now judged on their demeanour, their body language, their attitude, their verbal skills and their ability to remain calm in the face of sometimes hostile questioning from lawyers and panel members. It is not money that resolves these cases but a demonstration of insight, regret and remorse in equal measure where appropriate and a clear acceptance that there would be no repeat of the problems with a strategy in place to ensure patients remain safe in their hands.

Perverse

The perversity of a successful defence is that to achieve it, you have to first fail. No novice skier steps onto the slopes and gracefully executes parallel turns all the way back down to the chairlift without lessons and a number of falls. The problem is that, those who measure our success, the patients, the lawyers, the regulators and your colleagues are often not as forgiving as those who teach us. This is the reason why learning from failure in a healthcare setting is so much more difficult than it is in other industries, most notably the airline industry.

Assessing near misses and forensically analysing the actions air crew brings no shame to those whose actions are reviewed by the airline industry which has been set up in a non-judgemental way; mercifully free of litigation and blame. In medicine James Reason argues that "health carers stigmatise fallibility" and suggests that, "doctors don't want to admit their mistakes to themselves."

Who decides?

When it comes to measuring up success, the honest, professional answer to that question should be you the clinician. If you are your own harshest critic and you reflect on failure to improve, you can have little to fear from anyone else who might decide to test you.

Biography

LEN D'CRUZ LLM BDS LDSRCS MFGDP DipFoD PGC MedEd DipFOd

Len graduated from the Royal London Hospital and is currently a member of the British Dental Association General Dental Practitioners Committee. He divides his time between working for Dental Protection as a Dentolegal Adviser and his own general practice where he is a Foundation Trainer for the London Deanery.

JAMES FOSTER

ARE **WE** NEARLY THERE YET?

- **Success derives from an entire professional journey rather than from any particular destination**
- **Self-actualisation can be a powerful source of motivation generating self-improvement**
- **Dentists, hygienists, therapists and other dental health professionals are masters of their own destiny and in a position to set their own realistic goals.**

For many of us, our main objective whilst we were students was to get through finals and take up our chosen profession. Upon graduation we may have shared the opinion that we had then "made it" and with a little more exposure to hands-on dentistry than dental schools afforded us, we would become successful practitioners, and would continue to be so for the next few decades.

Making it

If we look through the commercial dental publications and various websites, success would appear to be inextricably linked to financial income and total wealth. The inference is those who do not achieve a substantial income are not to be considered successful.

According to the Oxford Dictionary, success can be described in two ways:

"The fact that you have achieved something that you want and have been trying to do or get; or the fact of becoming rich or famous or of getting a high social position".

The latter may be the domain of a select few, however the former perhaps represents a more common perception of success and one that might be more applicable to the wider profession.

Society's perception of success in the developed world attaches a progressively greater value to financial and material success and popular stereotypes of successful dentists do not help. Whilst there is nothing wrong with the pursuit of wealth, success for many practitioners has a much broader meaning than the material gains that some may choose to measure it by.

Headlines

If we each asked ourselves to sketch a picture of a successful dental career, we would find a different image for each and every one of us, given the different focus that is determined by our own values and make-up. However, the more we consider what success might look like, we may see further and further past the "headlines". Indeed, achievement for a clinician comprises a multitude of events that will undoubtedly include a number of lesser events:

- The perfect delivery of a tooth in one piece
- Completing a restoration on an anxious child
- Helping a patient to improve their oral hygiene.

There will also be more significant events:

- Purchasing a practice
- Learning a new skill
- Mentoring colleagues.

To be an all-round success, the clinician has many small and on-going victories to achieve, and therefore, accomplishing these is best seen as an evolving journey, not as a specific destination. By arriving at an end point implies that once there, we can stop. However, as clinicians working in an ever-changing, highly regulated and competitive environment, we may never achieve the end point or regard ourselves as the finished article because the goal posts are constantly shifting. Seeing success as a journey helps us appreciate the value of continual development, and the need to keep learning and to stay motivated.

Significant benefits

If we look at the graduating student who considers they have "made it" and who never wants to have to study ever again, who wants to hang their sign on the door and start working in their own practice, we must also see the potential for future professional isolation and stagnation together with the well documented problems associated with this. However, instead of considering the achievement of a particular dental qualification as the destination, we obtain greater benefit by considering the future career as a journey and looking at the successes associated with many triumphs along the way.

One significant benefit that dental professionals have over others in the workforce is the ability to live life on our own terms, at least to some degree. With the pressures of practice and increased regulation throughout the world this is perhaps a beneficial element often forgotten, that we can be masters of our own destiny and in a position to set our own realistic goals.

Many colleagues use a personal development plan (PDP) to optimise those benefits. The process uses reflective learning to identify training needs or indeed preferences that help us to focus on our next steps. In the absence of sequential goals, whether

they are limited to day to day clinical activities or a wider business approach, such as practice ownership, it is all too easy for the busy practitioner to drift along for a month, a year or indeed ten. Such behaviour in a profession that is changing at a rate faster than ever before, we could be left behind.

The pressures of modern living are growing and we are always short of time. Therefore the day job may stagnate as we engage with other demands for our attention as external pressures increase. Sitting in a "personal comfort zone" may be an easy option in the short term, however there can be consequences over the longer term. In any profession, maintaining motivation and recognising the need for on-going professional development are essential components to produce enjoyment in a career and many believe this to be of particular relevance to the dental profession.

> As healthcare professionals, we tend to focus on the needs of our patients rather than those of ourselves or our colleagues.

Components for a fulfilled career

When considering how fulfilment can be achieved, Abraham Maslow developed a management model in the 1940s which introduced the term "self-actualisation[1]". The model recognises that individuals have a wide range of needs which can be grouped in a hierarchy of importance. Self-actualisation is the highest level of need in this model and is the realisation or fulfilment of one's talents and potential. An individual's motivation and satisfaction are fundamental to meeting the higher level needs in this model.

The concepts described by Abraham Maslow are still relevant today and it helps explain how different factors can motivate different people. Maslow contends that one must progress through the hierarchy of needs in sequence fulfilling the basic needs first (Figure 1). For the majority of us, the higher level needs such as self-fulfilment and self-esteem are only achieved when the lower level needs have already been satisfied. In relation to the dental team, the model can help us understand motivation. Most practitioners are in the fortunate position of having already met their basic needs such as food and shelter, security and even the social needs.

As practitioners and healthcare professionals, we naturally tend to focus on the needs of our patients rather than those of ourselves or our colleagues in the dental team. As a result, we may overlook our own team and whether or not they are functioning well and if job satisfaction is being created for them. Many practitioners derive enormous satisfaction from helping their patients and this is a key motivational factor in their work. Whilst we can often recall the adverse events that arise in life we often overlook positive events and allow them to become submerged within the day to day routine. Positive events and achievements - however modest - can help to motivate anyone (including the dental team) in a way that leads to increased job satisfaction.

Indeed it is worth reflecting upon the gratitude that our patients afford us which in the dental setting are rarely spoken. Whilst commercial banks may recognise the value of goodwill, we as practitioners rarely consider its value ourselves. Having many hundreds or even thousands of patients who continually make appointments to see us can be seen like an uphill struggle on a daily basis. However when we stop to consider what this actually means, we may also want to see it as a demonstration of trust, loyalty and professional respect from individuals who have each formed their own positive opinion about you. Indeed, this is often only learnt when the relationship ends, perhaps upon retirement, when a shower of good wishes may land sometimes from the most unexpected of patients!

In an environment where team members are motivated and derive satisfaction from their work, patients are more likely to feel cared for and the team works better as a unit. This in turn leads to increased patient satisfaction which can promote job satisfaction for the team in a continuous, almost self-perpetuating loop from which all parties can benefit.

Commercial pressures

In a commercial environment, practice owners may talk about improvements in relation to a financial bottom line and increased productivity. However, as clinicians, the concept of increased productivity may conflict with our natural inclination to improve patient care.

Subsequent to Maslow's research described above, Herzberg in the 1950s and 1960s carried out research into what factors affected job satisfaction and motivation. This led to the development of his own theory which is still used by managers today. Herzberg said that the factors leading to job satisfaction are motivation and not the same as the factors that lead to dissatisfaction[2].

Factors such as salary and working conditions were described as "hygiene" factors (figure 2) and are not seen as motivators at all, however such poor conditions can have a demotivating effect upon the whole team. In the absence of motivation, employers often consider these hygiene factors and in addressing them, dissatisfaction and unhappiness can be reduced even if positive motivation for the team remains unlikely. On the other hand, increasing the number of motivating factors you can create a positive response from individuals. Herzberg suggested that motivation can be created by providing opportunities and recognising achievements, as well as developing individual areas of responsibility which in turn promote growth and advancement.

Self-growth

Recognition of the need for self-growth can enable individual members of the dental team to reach their full potential. Continuing professional development for all team members can enable individuals to learn new skills and perfect existing ones. Suitable training can lead to greater responsibility and a more varied workload and increased levels of motivation, self-esteem and job satisfaction will follow.

However, it is important to remember that different people are motivated by different factors depending on which level of need they are seeking to satisfy. The factors affecting an individual's motivation may change over time as their needs change, and adopting reflective practise should identify such changes.

Motivation

An individual's desire for recognition of their achievements and the opportunity for self-growth is the key to their motivation and job satisfaction. For some it is enough to feel personally valued and respected, for others motivation is being part of a successful team. By recognising positive events rather than focusing on the adverse events, dental team members can increase the strength of motivation which again leads to job satisfaction.

One of the biggest concerns regulators and defence organisations have is for those colleagues who work in isolation and who may have considered that they had "made it" upon qualification. Without any further professional development the world can pass by an individual at a particularly alarming rate and we see the consequences here at Dental Protection, as the opportunity to adapt has been stunted.

Motivation and the identification of small realistic goals and recognition of achievements may be an effective way to ensure a long and fulfilling career. For younger colleagues, whose careers may span at least three or four decades when compared to colleagues at the other end of the spectrum, such a strategy is particularly relevant.

We can only be described as the finished article when we are no longer working – not whilst we are. It is a static judgement of history and not the aspiration of a rewarding lifestyle.

CASE STUDY

On graduation from dental school, Tom took up an associate's position in a two-man practice. Tom was driven and enthusiastic, however he was often in disagreement with his principal over a variety of clinical decisions, treatment modalities, quality of equipment, and how the staff were treated. After two years, Tom decided that he would become his own boss and purchased a practice.

With a business loan to repay, he worked long hours that soon generated a significant income. His disposable income was significant in comparison to his non-dentist friends and his lifestyle was frequently remarked upon.

Tom was initially happy to work such long hours and he was considered a success. In time, he married and had a family. The additional financial demand and the pressure on his time soon grew. The comparatively lavish lifestyle became increasingly difficult to maintain and although he tried to increase the profitability of the practice he had long since reached the maximum he could generate without employing another dentist.

His early experiences had deterred him from taking on his own associate and he continued to run at full pace. His clinical work was perfectly competent and he was operating in his comfort zone, by his mid-thirties Tom found that he was losing his enthusiasm for being in the surgery and he started to wonder whether he would be working in the same way for the next 30 years. The pressure to increase the family income was significant, and with a growing family and a large mortgage he felt trapped in his environment.

Having worked in isolation for many years Tom was doing the same treatments on a daily basis and used the same techniques that he has learnt over a decade before. Whilst this had generated turnover he did not feel any professional fulfilment and became increasingly disenchanted with the quality of his life and the hours he worked. The effect was a gradual loss of enthusiasm and a loss of empathy with his patients. Some of the patients complained about his manner, which lowered his mood further. He even considered getting out of dentistry altogether.

A local colleague heard from a dental sales representative that Tom was considering selling the practice and approached him about buying the business. Tom was offered the opportunity to move his patients to a larger multi-surgery practice nearby where he would be part of a larger team. Tom hesitatingly agreed to visit the larger practice and to meet some members of the dental team.

Seeing the level of which the new practice operated, Tom realised how far behind the game he had let himself fall. He was surprised to see the genuine enthusiasm of these colleagues who regularly undertook postgraduate training, held practice meetings, and discussed the audited quality of their work. In-house team training was a regular event and after some consideration Tom was attracted enough to accept a lower income as an associate in the new practice, realising that his future was bleak if he continued as he was.

After a few months at the new practice, Tom reflected on his journey and realised that the isolation and stagnation in his own practice had contributed to a lack of self-satisfaction and professional pride. This new practice and new colleagues provided a forum which re-energised his career and with a little financial repositioning he was in a position to foresee a much longer career than he might otherwise have had. Superficially his early career has the appearance of success however he now realised just how unhappy he had really been.

Those of us who can step out of the fast lane long enough to reflect upon where we are and where we are going can reap a huge benefit from so doing. It is all too easy to just plod on.

Figure 1
Maslow's hierarchy of needs

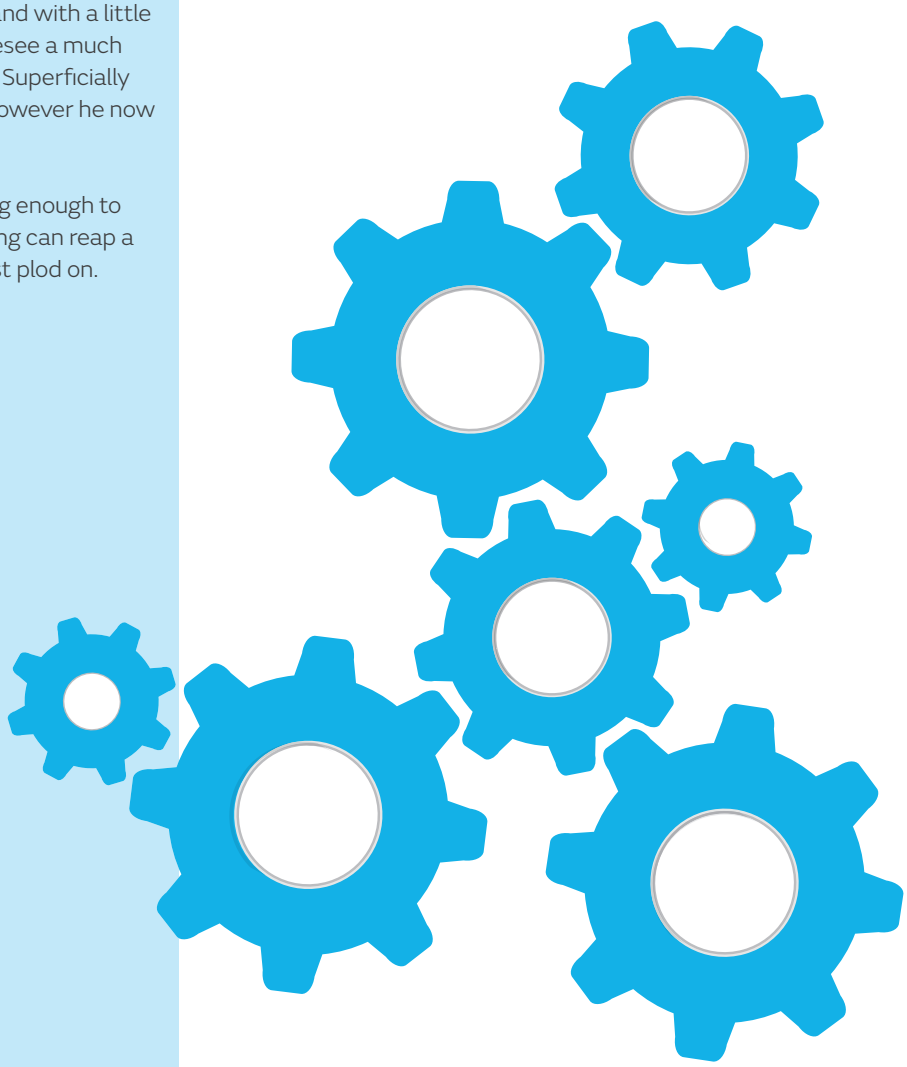


Figure 2
After Herzberg[2]

"Hygiene" factors	Motivators
Salary	Achievement
Administration	Recognition
Supervision/ Management	Responsibility
Company policy	Advancement/ Growth
Status	Nature of work
Working conditions	

Biography
JAMES FOSTER BDS MFGDP(UK) LLM

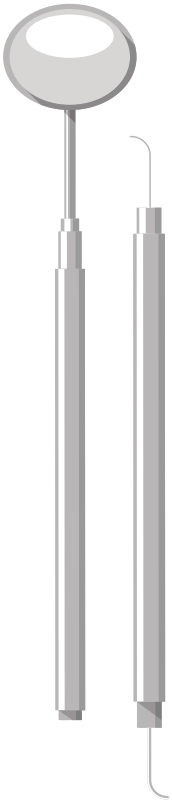
James is a Senior Dentolegal Adviser and also the Head of Dental Services for Australia and New Zealand. He also maintains an interest in the training of dentists at the start of their career.

1. A Theory of Human Motivation: A. H. Maslow: Psychological Review (1943): 50, 370-396.
2. The Motivation-Hygiene Concept and Problems of Manpower ; Herzberg, Frederick (January–February 1964) Personnel Administrator (27): pp. 3–7.a

DR RALPH NELLER

CONTRIBUTION

- **Ensure you stay informed about key issues that contribute to the debate on your future**
- **A tsunami in Indonesia gave me a greater understanding of what individuals can do and how much it is appreciated by those in need**
- **The "old establishment" has to adapt its communication methods to the needs of younger clinicians**
- **The legacy of previous generations is at risk, if we do not.**



When entering dentistry I doubt many of us realise just how all-consuming our chosen profession will be. As I pause to reflect after 40 years of practice, it has certainly been an interesting and rewarding journey. I have worked in the private and public sectors in Australia as well as a spell in the UK.

It was the Beatles era

When I think about my career and what I've accomplished, it certainly didn't turn out as I first imagined. Dentistry in the 1960s and 70s was just entering an "enlightened" period; disease prevention was being promoted and the public perception of dental treatment was moving towards the retention of the dentition rather than an inevitable progression towards a denture.

Dentistry today provides patients with a vast array of treatment options and disease prevention has greatly improved the oral health of the community. As caring health professionals we're always mindful of the responsibility placed in us by the trusting patients who ask us to maintain their health and well-being.

My first hospital job

My early clinical career was both demanding and worthwhile, and saw me working predominately in the public sector. Decisions about employment are often predicated on one's own family needs and the available career options. I chose a job in a hospital clinic because the scope of practice interested me and there was an opportunity to engage with other health professionals.

This working environment stimulated my interest in clinical dentistry by contextualizing my treatment within the patient's overall health condition. Working at close quarters as a member of a healthcare team in a hospital setting can be challenging, but fortunately, the importance of good oral health is now well recognised as essential for a patient's speedy recovery.

I am sure that I could easily have been satisfied with that clinical role, however, incrementally my career was changing as my role expanded into clinic management. Indeed, this was to be the most significant turning point in my professional life and was the start of a trajectory that underpinned my future involvement in dentistry.

A sporting analogy

As an avid sportsman, I often relate levels of involvement to a rugby match. You can be a spectator, a member of the on-field support group, a player and maybe even the captain - yet all are essential for the success of the team.

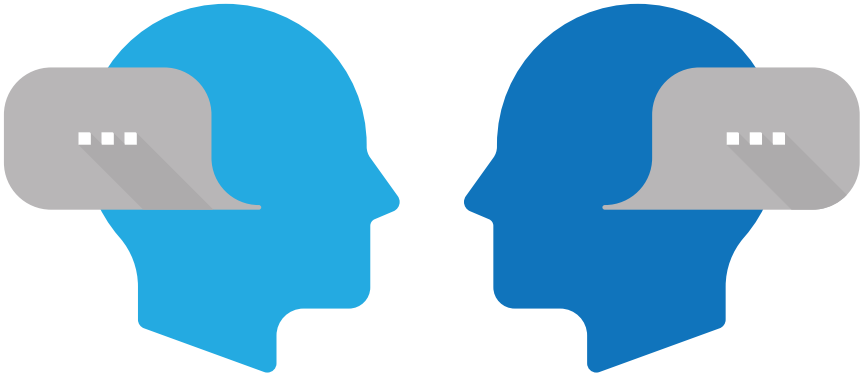
Depending on your motivation, contribution and commitment, your involvement can be as great or small as you like. Over the years I've been associated with many dental associations and committees and served in most roles. I applaud the contribution of my peers involved with the various dental associations who selflessly give time and effort to support members and advocate on behalf of the wider profession. When we look at the challenges facing the profession today, engagement with your national representative association (at some level) should be seriously considered. It is the best way to ensure you are informed about key issues and can contribute to the debate on your future.

The Dental Board

As a result of my involvement with the national Dental Association, I was appointed to the Dental Board as a practitioner member and later became Chairman. The membership of the Dental Board included lay members and practitioners whose primary role was ensuring safe dental practice through adherence to appropriate clinical standards.

Given the Board's focus on clinical standards, my advice to you all is to realise the importance of good record keeping. In the Board's assessment process in Australia, decisions about the validity of complaints often hinge on whether adequate information on risks and benefits of treatment, as well as warnings, have been provided to the patient.

An additional role I filled when on the Dental Board was as Director and President of the Australian Dental Council. I was delegated by the Council to assess



overseas-trained dental practitioners and accredit courses in dentistry. My role today as a Dentolegal Adviser with Dental Protection will benefit from my experience and knowledge of these assessment processes and hopefully this can be of future benefit to members.

Volunteering

Many others have contributed as volunteers travelling overseas to assist those less able to obtain dental care. One personal achievement for me was my opportunity to assist with the rehabilitation of dental services in Aceh Province after the devastation caused by the tsunami in 2004. I trust my contribution amidst the horror of that catastrophe created a small legacy having re-established the hospital clinic and laid the foundation of a new clinical training programme for dentists and therapists.

Legacy

How much does legacy influence the future of dentistry? Will it be enough to fortify us against the new challenges facing the dental profession? What will be my legacy and is it enough? These are just a few simple questions that would seem to be pertinent to all members of the dental profession, as there is ample evidence of the threats we face now and in the near future.

I think we can say that the rapid pace of change is reducing the gains of past endeavours. Technological advances, commercialisation, regulation, much less the demands and expectations of patients, have changed dental practice in this century. New challenges confront dental professionals and a new crop of champions will need to come forward to address them.

In saying that, lessons learnt previously are also helpful. Tapping into past experiences may prepare my successors when faced with new challenges. My concern is the growing disconnection between the younger members of our profession and the current decision-makers representing dentistry in the major forums both internationally and nationally.

Digital advantage

In today's connected world, younger members of the profession frequently engage in conversations using social media rather than at face to face meetings held by associations and committees. One advantage of using social media is that it's quick and it can remove an element of intimidation often experienced at a meeting of one's peers.

There is no denying the robustness of the debate which can be delivered from a distance over the internet. However, as good as it is, more than likely it lacks input from those with the most experience in dentistry and who use more conventional forums to present and debate issues.

To move forward the "old establishment" in dentistry has to adapt its communication methods and younger practitioners need to acknowledge that their "voice" needs to resonate in forums beyond social media and become part of the main conversation. By building on the legacy of past endeavours and injecting fresh ideas, the profession will evolve to be fit to serve future generations of patients by the next generation of dental healthcare professionals charged with its development.

Maintaining the legacy

Putting aside any personal contributions, it can be said that, as a profession, we currently enjoy an esteemed position in society based on ethical behaviour and our ability to provide oral health services to high standards. This is a legacy of past generations and can be directly attributed to self-regulation, with the profession setting the standards. However, it is becoming increasingly evident that those self-determined standards are now under threat as agencies external to the profession seek to impose their own will and objectives. Now more than ever, the profession at large must question whether they can afford to lose the legacy created by previous generations.

Biography

Dr Ralph Neller AM BDSc BBus FICD FADI FPFA

Ralph is the immediate past president of the Australian Dental Council, has served with Queensland Health for more than 30 years, and is past president of the Queensland Public Sector Dentists' Association. He has worked with us as a Dentolegal Adviser since 2013. Ralph is a recipient of Member of the Order of Australia (AM)

CLINICAL SUCCESS

RAJ RATTAN

THE LANGUAGE OF SUCCESS

Consider this: Two chess players, A and B, seated at a table in game 10 of a 12-game championship match. The game is a draw. In the language of success, neither player has succeeded in winning the game nor have either of the players failed, for they are both equal. But, with two games left to play and each game worth a point, if player A is ahead by three points then s/he wins the championship and player B fails. The words "draw", "fail" and "success" are part of the language of success but they can also be used as a situational judgement.

In April 1970, in what was intended to be the seventh manned mission to the moon, Apollo 13's moon landing was aborted following a catastrophic failure of an oxygen tank. It was latter called "a successful failure". Again, this language reflects the situational context of the rescue of a crippled spacecraft despite the failed moon landing.

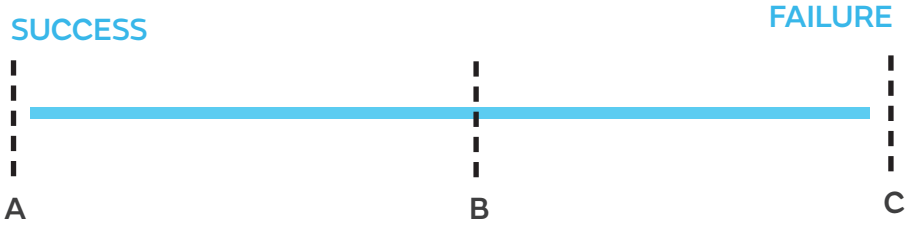
Context

As clinicians, we make judgements about clinical conditions and symptoms and our diagnosis leads to interventions that we hope will "succeed".

The Concise Oxford Dictionary defines success as: "Favourable outcome, accomplishment of what was aimed at."

The definition is helpful; it does not fully serve the purpose of this article because it defines a state rather than suggesting a journey through a continuum that is linear and the termini of which are expressed by two words (success and failure) that are also antonyms (Fig.1)

Figure 1



Consider the patient who presents with a chronic endodontic lesion and undergoes root canal therapy. We can measure the immediate success of the procedure by looking at the technique and the immediate outcome. The healing of the lesion then continues over time and we measure success along the continuum from B, or if the treatment does not produce the desired outcome from B to C. Successful execution of the procedure does not guarantee a successful outcome because, like the crew of Apollo 13, clinicians cannot always control (influence perhaps) the conditions that predispose to failure. (In the case of Apollo 13, the oxygen tank failure was a system design fault that had occurred many years earlier).

In his book, "Grey Areas in Restorative Dentistry", Robert Caplin explores the boundaries and the language of success. With reference to endodontics, he lists the measures by which endodontic success is judged and provides examples of "successful failures". He cites the guidelines of the European Society of Endodontology in relation to incomplete obturation which recommends root canal re-treatment when, "teeth with inadequate root canal filling when the coronal restoration requires replacement or the coronal tissue is to be bleached."

He asks his readers to consider all the options and the history. He also writes that a radiographic image is a "snapshot and not a video of an on-going situation". In other words, we can place a mark on the success failure line on the basis of the radiograph but we cannot ascertain the direction of travel unless we have more information.

> It is common practice to use the word "watch" in such situations, but it would be more meaningful to use re-assess, review, monitor and under observation.

Many procedures, if incorrectly performed, can give the illusion of immediate success but are on the path of failure from the moment of completion – the poorly placed composite that is leaking from the moment the patient leaves the surgery being just one example. Clinical interventions cannot always be classed as successes or failures at any given time; some may be better classed as succeeding or failing.

Sequential radiographs can help determine this direction of travel. As the 19th century physician Wendell Homes put it, "The great thing is not so much where we are, but in what direction are we moving." Complete and comprehensive clinical records should be maintained in situations where disease progression or failing dentitions are under observation.

It is common practice to use the word "watch" in such situations, but it would be more meaningful to use alternative words such as re-assess, review, monitor and under observation. The subtlety in the language implies certain actions. For example, the word "monitor" implies an element of measurement. These words add value and strength to record keeping

and will protect the dentist in case of a complaint and/or investigation.

The language of success has been usefully codified in "Standards in Dentistry", (FDGP 2007)[1]. This publication adopts Avedis Donabedian's quality model that includes structure, process and outcomes[2]; the outcomes are graded A-C with Grade A indicating the ideal standard, grade B indicating an acceptable standard and Grade C indicating an unacceptable outcome. This approach punctuates the success-failure line. It drives the quality improvement process but also opens the door to risks if regulators and litigators assume that the optimal standard should be the norm[3].

Clinical domain

This clinical aspect of success relies on the knowledge, understanding and delivery of evidence-based care to improve the oral health of patients. Clinicians must be knowledgeable about current research and contemporary techniques and have confidence and competence to carry out clinical procedures to acceptable standards. Protocols encourage best practice and reduce variance and increase the chances of success.

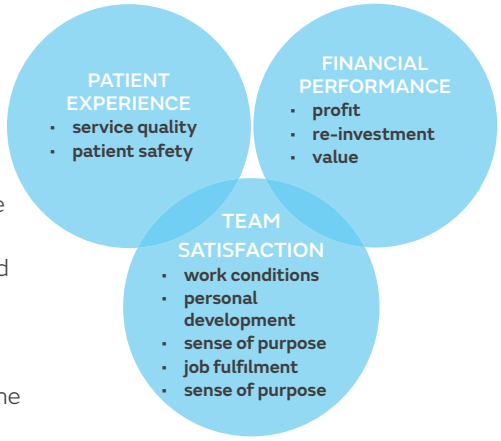
Adherence makes it easier to defend actions against dentists in situations where failure may be due to contributory patient factors (such as non-compliance with advice in the treatment of chronic periodontal disease). Outdated practices based on dogma, convention and/or tradition do not sit comfortably on the success spectrum.

On other occasions, treatment may be considered to delay an inevitable outcome, to "buy some time" to reflect an expressed preference by the patient or until such time as risk factors must be controlled to improve the prognosis for planned definitive treatment. This stalling is sometimes a necessary step to ensure the long-term success of the final treatment. This is where consent and management of expectations become an essential part of the language of success - dentists must ensure that patients understand each and every phase of care and its rationale and purpose.

Non-clinical domains

There are also non-clinical domains that contribute to the language of success, Figure 2.

Figure 2: Non-clinical domains.



In a commercially-operated clinical environment, the challenge is to create clinical partnerships with patients to deliver win-win outcomes. Such outcomes are part of a chain described by Heskett and Schlesinger[4] as the service profit chain.

Applied to dentistry, it links profits to patient loyalty and satisfaction and employee productivity and satisfaction. In this model, a patient's satisfaction will impact patient loyalty. Satisfaction itself results from the value the patient receives from satisfied and productive team members. To deliver this end-result demands sound and effective leadership. The principle can also be applied to achieve success in non-profit making environments where strong links create efficiency, savings and reduce wastage. All of these are part of the success equation.

Summary

The theatre metaphor has been used to describe the relationship between employees and customers in service-based industries. Using the same metaphor, we can describe the dental team as the actors who perform in front of their audiences (the patients). The quality and outcome of the performance is what results from the interactions. It is important that as actors who are being judged, we all speak the language of success.

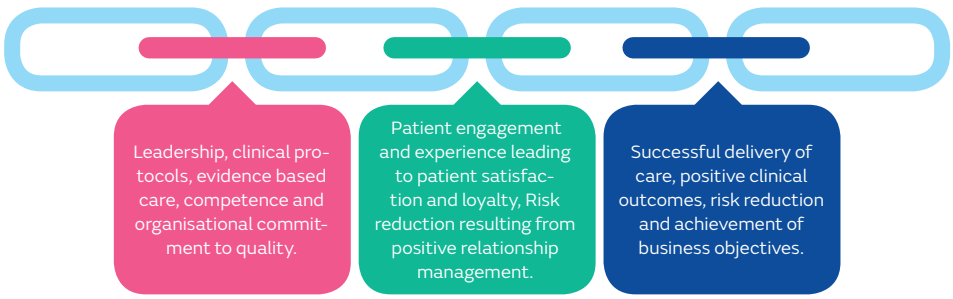
Biography

RAJ RATTAN

MBE BDS MFGDP(UK) FFGDP(UK) PgDip MDE

Raj will succeed Kevin Lewis as Dental Director, from June 2016. He has over 30 years' experience in dental practice and has been associated with Dental Protection for more than 20 years, first as a Dentolegal Adviser and more recently as a Senior Dentolegal Consultant. In 2008, Raj was appointed MBE in the Queen's New Year's Honours List for services to dentistry and he is former Policy Adviser to the Department of Health in England.

1. Standards in Dentistry; Faculty of General Dental Practice, UK; May 2007 fgdp.org.uk
2. Quality, Cost, and Health: An Integrative Mode; Donabedian. A, Wheeler. JR and Wyszewianski.L; Medical Care; Vol. 20, No. 10, Oct., 1982
3. Professional standards and their escalating impact upon the dental profession; K. Lewis; British Dental Journal 218, 381 - 383 (2015)
4. The Service Profit Chain; Heskett.J and Sasser.E, Buzz Books 1997



SAVING LIVES

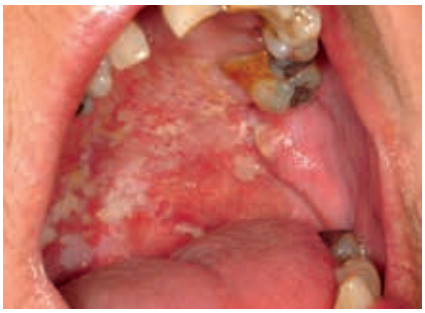
CASE STUDY 1

- **The dental setting provides the opportunity to provide systematic oral cancer screening which may save a life**
- **Document positive and negative findings contemporaneously. Intraoral photographs are invaluable**
- **Educate patients on risk factors and encourage behaviour modification**
- **Be aware of local fast-track referral systems and ensure urgent referrals get to the right place.**

A 50-year-old female patient presented to her dentist with a lesion on the palate. The patient smoked 20 cigarettes a day and drank alcohol on most days.

The dentist did not check whether the white plaques were removable or not and diagnosed acute pseudo-membranous candidiasis. The patient was treated with antifungal agents but this treatment was unsuccessful.

The patient was subsequently referred to an Oral and Maxillofacial Surgery Unit some six weeks later. A diagnosis was made of micro invasive squamous cell carcinoma with widespread dysplasia. Treatment involved surgical excision of the tumour and reconstruction of the palate. The patient now has difficulty in swallowing and requires a feeding tube.



Late presentation and delay in referral has detrimentally impacted on the outcome.

Oral squamous cell carcinoma can occur at any age, in all socioeconomic groups and in both sexes. It can occur when there is no identified risk factor. There is an increasing risk with age to a peak at 70-75 years. Men are at greater risk than women. There is a higher risk in poor socioeconomic circumstances. Tobacco smoking and alcohol consumption are the main risk factors.

Mindful of the factors at play, it is important to be ever vigilant. A higher index of suspicion is merited in patients who rarely attend the dentist who present with a potentially suspicious lesion. The challenge for the whole profession is how best to screen the high risk patients who rarely present for dental care. Early diagnosis gives patients the best survival strategy.

EARN CPD

MANAGEMENT OF DENTAL PAIN

CASE STUDY 2

- **Allocate sufficient time to form a diagnosis**
- **Record both the diagnosis and the treatment indicated in the patient's record.**

A general dental practitioner agreed to see a patient (male aged 70) at short notice, following a sleepless night with severe pain in the mandible. The patient's dentition was sound with no visible swelling and no mobility whilst the x-ray showed no evidence of any pathology. The dentist prescribed a course of antibiotics and a strong analgesic, and invited the patient to return after five days. The appointment was not kept because in the meantime, the patient had suffered a stroke and was now hospitalised. The dentist had no diagnostic reason for prescribing antibiotics since he had not established a diagnosis for the pain which in this instance may well have been trigeminal neuralgia and an early indication of the stroke that followed[1]. The patient made a reasonable recovery and the dental pain never reoccurred.

We know that the inflammatory process involved in pulpitis does not respond to antimicrobials, but will respond to an analgesic. On the other hand, the pain from an acute dental abscess will respond very quickly if the abscess can be drained regardless of any prescription that might subsequently be given. However the patient in question did not have a focus of infection to drain.

In a busy dental surgery, it can be difficult to undertake the definitive treatment during an emergency appointment. The diagnosis is essential if the best use of antimicrobials and analgesics is to be achieved. A flow chart[2] for the management of acute pain may help ensure best practice in cases where the initial diagnosis is provisional.

Reducing the escalation of antimicrobial resistance serves the best interest of patients and forms part of a bigger picture, in which clinicians are being asked to create a sea-change by reversing a worldwide problem that also constitutes a major threat to public health. Therein lies even greater success.

1. http://www.ninds.nih.gov/disorders/trigeminal_neuralgia/detail_trigeminal_neuralgia.htm
2. Scottish Dental Clinical Effectiveness programme; Management of Acute Dental Problems http://www.sdcep.org.uk/index.aspx?o=3243

SURGICAL SUCCESS

CASE STUDY 3

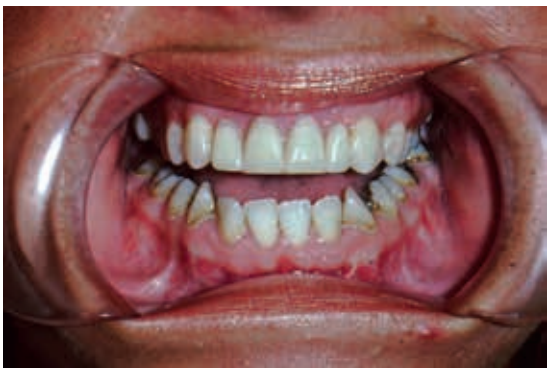
- **Potentially momentous treatment on a young patient must avoid the risk of disempowering the patient and/or the parents**
- **Orthognathic surgery can produce a life-changing long-term success for the patients involved**
- **Honest communications about the risks are the basis for valid consent.**

Elective surgery that has not been specifically sought by a patient or their parent, places a significant burden on the surgeon particularly in relation to the consent process even when they have a strongly-held opinion that the patient will benefit.

In orthognathic surgery, where there may not be significant disproportion of the facial skeleton, such that a lay person would notice, it is often the general dental practitioner who notices the increasing anterior open bite, the increasing overjet or lateral open bites. It is a duty for the generalist to identify such an issue, and to bring it to the attention of the patient and or parent in a spirit of openness that allows them to make a real choice about what to do with this new information.

Once under the care of an orthodontist and a maxillofacial surgeon, the patient/parent needs to have a clear understanding of why they are there and what is and may be possible, at each stage of the patient's journey. There is a real danger that the enthusiasm of the surgeon and orthodontist, to offer what they believe to be the best option (possibly a combined surgical and orthodontic solution), overwhelms the patient/parent and they feel railroaded into following a course of action which means surgery is inevitable, without an adequate understanding of the risks and consequences.

The success of the surgery from the surgeon's perspective and the rewards for the patient must be balanced by the knowledge of the material risks of the process. The patient/parent must be firmly in charge of all decision making, rather than the surgeon, because if there is a complication, such as a nerve injury, it is imperative that the patient went ahead with the procedure in the full knowledge that this is a very real possibility.



ENDODONTIC SUCCESS; TWO VIEWS

CASE STUDY 4

- **If routine examination reveals asymptomatic inadequate endodontic treatment, this should be discussed with the patient and the conversation noted in the records even if no treatment is undertaken**
- **Monitoring the apical lesion will help you decide when definitive treatment becomes necessary.**

The clinical criteria associated with a favourable endodontic outcome could include:

- absence of pain, swelling and other symptoms
- no sinus tract
- no loss of function
- radiological evidence of a normal periodontal ligament space around the root.

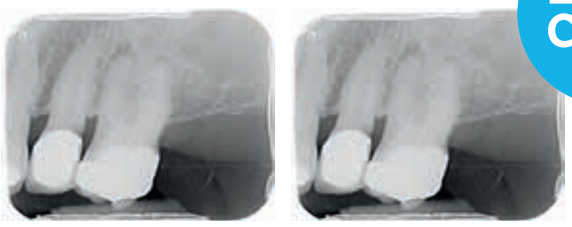
However a patient might consider success to be an absence of pain and functional retention of tooth.

This patient visited a dentist for a routine examination as a new patient. The dentist diagnosed caries at the upper left premolar and advised root canal retreatment of the upper left molar tooth. The patient was not experiencing any problems from either of these teeth, and explained that he would not be keen to undergo complex treatment.

Some months later, the dentist received a complaint from this patient. Whilst away on holiday, the patient had an abscess in the upper left molar area. She saw a new dentist on her return who advised possible root treatment and a new crown at UL5, and retreatment with a specialist at UL6. The patient requested reimbursement of costs for this treatment, claiming that she had not been advised that the infection at UL6 would get worse and cause pain during her holiday.

Luckily for the first dentist, his records indicated that he had discussed the poor root filling at UL6 and advised the patient that retreatment would be necessary to avoid problems in the future and that the infection might get worse and cause pain. The discussion and treatment options had been noted in the records as well as the patient's wish to decline treatment. The complaint was successfully resolved.

EARN CPD



1. European Society of Endodontology. Quality guidelines for endodontic treatment: consensus report of the European society of Endodontology . IEJ 39,921-930, 2006

PERIODONTAL DISEASE

CASE STUDY 5

- **Engagement from the patient is essential if the clinician is to successfully help them to manage periodontal disease.**

Although the development of periodontal disease is multi-factorial, there is little doubt that one of the major factors which determines the initiation and progress of periodontal problems is the patient's ability to maintain a clean mouth. Whilst the dental team can facilitate this, for example by removing plaque-retentive factors such as calculus, the onus of responsibility rests with the patient and their efforts with self-performed plaque control.

Many clinicians will be adept at recording indices such as pocket depths and bleeding scores, but fail to record the fact that oral hygiene measures have been addressed and reinforced. Many patients will take the view that if they have a condition it follows that it is the clinician's duty to cure it. However, in much the same way that a teacher may set homework for a pupil, the clinician can mark the pupil's efforts but cannot be expected to do the task on their behalf. The patient needs to take ownership of their problem. Motivating the patient to engage in behavioural change is a real skill and should not be underestimated. It is important that simple messages are not overlooked when recording details of patient consultations and treatment. Documenting failed appointments, for example, can often help to build a picture of a patient's attitude towards dental care.

One of the increasingly common reasons for a negligence claim is that of alleged failure to diagnose and treat periodontal disease. In a recent case, Dental Protection was able to provide a robust defence on behalf of the member as a result of the excellent records. The patient had demonstrated little interest in improving their oral hygiene over a considerable period of time, resulting in the loss of several teeth. The non-compliance was duly noted on each visit, enabling an expensive claim for replacement of the teeth with implants to be repudiated.

Use our audit tool on "Cooperation and Compliance" to see how effectively you are recording such details in your own records. Visit will find all our audit tools under the publications tab on our website.

EARN CPD

ORTHODONTICS

CASE STUDY 6

- **Detailed notes of agreed treatment aims are important if there should be a complaint or a legal challenge**
- **Agree a back-up plan with a patient requiring multiple sequential appointments to deal with your unexpected absence.**

A patient requested short-term orthodontics to straighten her incisors. The patient had purchased a pre-paid voucher for this treatment.

Her treatment was to be provided by a general dental practitioner who undertook an orthodontic assessment. Her records showed that, in addition to the crowded incisors, the patient had a space in the lower right second premolar region. The lower centre-line was displaced to the right.

The dentist informed the patient that only the crowding of the incisors could be corrected with the treatment covered by the voucher. She offered to refer the patient to a specialist orthodontist, but this was declined. The dentist took impressions for study models, photographs and a panoral x-ray. The patient was asked to read and sign the consent form which was stored in the patient's record card along with details of the treatment objectives which had been confirmed with the patient.

The patient's treatment proceeded well until the dentist broke her wrist and was unable to attend the practice. Since none of her colleagues could provide the treatment, there was a delay before the patient could be rebooked.

The patient failed to attend the delayed appointment and didn't respond to messages requesting her to contact the surgery. A letter finally arrived from the patient including a report from a specialist orthodontist. The specialist orthodontist had offered to treat the patient and she was now asking the dentist to pay this fee.

The dentolegal adviser identified that the specialist orthodontist had recorded that the incisors were "well-aligned". The orthodontist's treatment was aimed at closing the lower space and correcting the centre-line.

Because it was clear from the notes that the aims of the member's treatment were different to those of the orthodontist, the dentist was advised to decline the period of time shown on the consent form.

EARN CPD

RESTORATIVE DENTISTRY

CASE STUDY 7

▪ The challenge of keeping abreast of new or improved dental materials is matched by the difficulty in explaining the advantages and disadvantages to the patient.

A common challenge for the clinician dealing with the aftermath of dental disease or trauma arises when a restoration of the tooth fails sooner than the patient expected. There are many reasons why this might happen and the justification for the patient's concern will often depend on the time since placement.

In some cases, the restoration will have failed prematurely as a result of poor assessment and/or treatment planning, including the selection of an inappropriate restorative material. Other failures are simply the result of poor technique. In these cases, few would argue against the need to resolve the patient's problem once the most likely cause for failure has been identified. A suitable adjustment to the fees might serve to acknowledge and offset the patient's disappointment.

A problem can arise when the restoration survives for a reasonable amount of time. In these cases the clinical situation was properly assessed, planned and executed. No one could reasonably argue that any restoration will last for ever. Indeed no material has the physical and chemical properties which render it indefinitely impervious to the challenges presented by the oral environment.

In some communities, amalgam is no longer used as a restorative material. Some authorities would argue that alternative materials have survival rates which are comparable to amalgam in most clinical situations, whereas others would argue the opposite is true. What is beyond dispute is, the placement of these alternatives is more technique-sensitive, which brings with it time considerations which are often reflected in the cost.

Patient's often want to know how long their new restoration is likely to last. It can be difficult to answer this question. The dental literature provides many longevity studies quoting mean survival rates (although the range may be a more useful statistic to share with an individual patient offered with a balanced appraisal of factors that might affect this in the patient's specific situation). However, one should be careful when interpreting such data, as some studies are not always independent. A further limitation is that materials are often replaced by new products before any meaningful long-term data can be collected. Restorative success requires a practical working knowledge of the evidence base for dental material and good communication skills.

BEAUTY IS IN THE EYE OF THE BEHOLDER

CASE STUDY 8

▪ Be sure you understand a patient's expectations before starting treatment rather than making assumptions.

In order to quantify aesthetic success in relation to dentistry you must first decide whose opinion you will seek since the dentist and patient may differ in their point of view.

Popularity of certain treatments may fluctuate, so even if the demand for new porcelain veneers may decline, old veneers may still need replacing form time to time. One such case involved a patient requesting replacement of her six upper anterior veneers that had originally been placed 10 years ago to mask severe tetracycline staining. She was not happy that the cervical margins had now become visible, as a result of gingival recession.

The patient had been generally happy with the appearance of her original veneers and assumed her new ones would be similar. The old veneers were duly replaced and the dentist was very pleased with the result. He had taken care to ensure symmetry and perfect alignment. At the try-in stage, the dentist showed the patient how they looked in the mirror, explaining the optimum aesthetic result. Because of the dentist's enthusiasm and trusting his judgement, the patient agreed to have them permanently cemented.

Looking in the mirror at home the patient could see that her teeth were uniform but she did not "feel like herself". The previous veneers on her upper lateral teeth had been slightly rotated, just like her natural teeth. She thought her smile looked "artificial" and did not want people to know she had veneers.

At a subsequent review appointment the dentist explained that she had a perfect smile and declared her treatment a success. The patient begged to differ.

Unfortunately at the planning stages, the dentist did not ask the patient what she would consider to be a successful result for her new veneers. Even though the replacement veneers were technically good and perfectly aligned, they were in fact not a success as the patient was not happy with her appearance.

The decision-making process involved in achieving aesthetic success for both patient and dentist is a complex one. The clinician needs to have a full understanding of patient wishes and expectations before starting treatment rather than making assumptions.

LESS CAN BE MORE

CASE STUDY 9

- **Listen to the patient's specific aesthetic concerns**
- **Valid consent involves discussions of treatment limitations**
- **Seeking simpler alternatives can be the key to success.**

A dentist sought advice from Dental Protection about a patient who attended with a root treated UL1 and an unsightly porcelain veneer. The patient had a high smile line and differing gingival levels with rotation of UR2.

The dentist thought some orthodontic treatment and crown lengthening of UL1 was indicated prior to placement of a post-retained crown to obtain optimum aesthetics. The patient was adamant that it was only UL1 that annoyed her and she was not bothered by the tooth rotation or differing gingival levels. The dentist was concerned that the patient was not listening to his concerns and the patient felt the same about the dentist.

The dentolegal adviser discussed issues around valid consent with the dentist and suggested approaches to, and appropriate recording of discussions of, the limitations of alternative simpler treatments and the management of expectations.

Following the advice from Dental Protection, both the dentist and patient eventually settled on a simpler approach where each fully understood the other's position. The patient's specific concerns were dealt with by a post-retained porcelain crown on UL1 and minor reshaping of UL2 with composite to reduce UL1 width.

Success here was a much improved aesthetic result for the patient achieved with far less removal of sound tooth tissue than other techniques might have required. Valid consent was achieved with her full awareness of the treatment limitations which both addressed her specific concerns and involved a plan which the dentist was ultimately happy to undertake despite being a more minimal approach than originally planned.

Listening to a patient's specific aesthetic concerns and providing information on treatment limitations are essential features of the consent process which facilitate successful outcomes for both patient and dentist.

Fig. 1: Pre-Treatment Smile

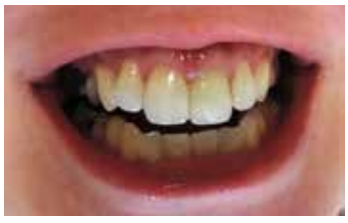


Fig. 2: Post-Treatment Smile

SUCCESS - BUT AT WHAT PRICE?

Martin Kelleher shares his views

"Success has many fathers but failure is an orphan" is one expression that might explain why some people want to claim responsibility for the success of any favourable outcome in dentistry, but are generally less inclined to admit to being involved in failure. For example, if the new crowns or veneers look great then the dentist takes all the credit, but if the patient hates them, it is "the technician's fault".

Sadly, Merton's Law of Unintended Consequences (1936) frequently affects elective dental interventions. The thin veneer of aesthetic success often conceals extensive collateral damage undertaken to achieve it. The price paid for short-term success can include subsequent pulp death, root fillings, increased difficulty with cleaning, loss of retention of restorations, fractures of veneering materials or residual cores, cracked roots or extractions.

In some cases of allegedly "just cosmetic" dentistry success can come at a much greater long-term biological price than the financial one. Sadly, those later costs are often not discussed as part of a valid process of consent to treatment when it is elective (Figures 1,2 and 3).

The longevity of life of the restoration is one criterion often used to describe the success of a restoration. A very different measure could be, "what happens to the tooth when the restoration fails?" If a bonded composite or an adhesive bridge falls off after a decent number of years of service leaving the tooth generally intact is that "success" or failure? Looked at with just one eye it could be either.

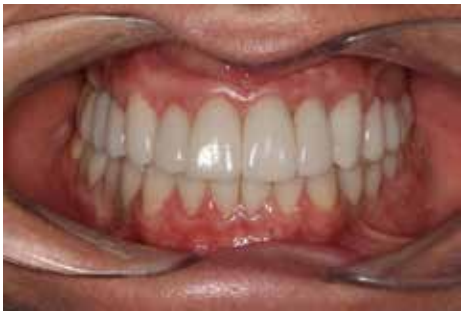


Fig. 1

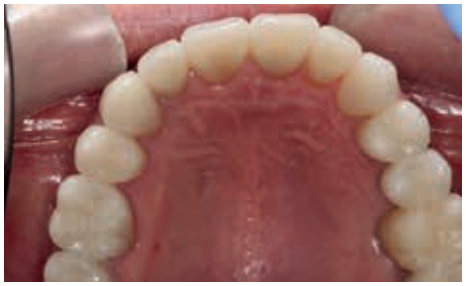


Fig. 2

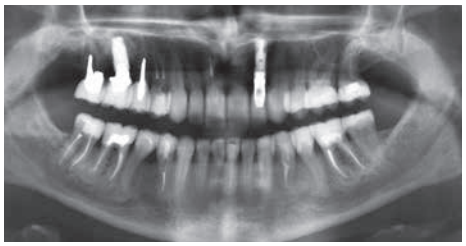


Fig. 3

If a conventional long-span ceramic bonded bridge, involving the removal of much sound dental tissue from the abutment teeth, is successful, in that it avoids the patient needing a denture for many years but then fails catastrophically is that a "success" or a "failure"?

Many patients and some dentists remain oblivious to the fact that between 62% and 73% of sound tooth tissue is removed for elective full coverage anterior all ceramic or porcelain fused to metal restorations (Edelhoff and Sorensen 2002) . Such gross structural destruction often leads to pulpal or fracture problems. (Figure 4)

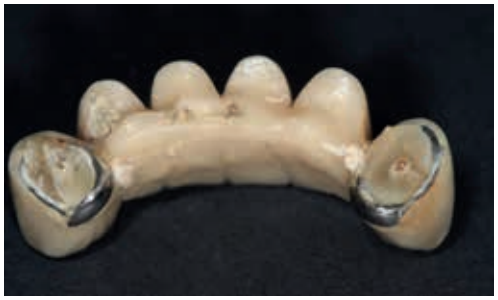
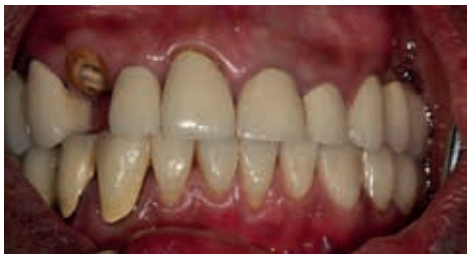


Fig. 4

A red rosy gingival margin is often seen the price to pay for a "successfully" concealed crown margin but can also be the precursor to eventual recession.

Inside/outside bleaching can deal with discoloured dead root filled teeth very successfully while leaving the residual sound tooth structure. Post crowns can do that too, but they destroy the strength of the root, are often associated with unsightly recession over time and if the root breaks, it is often catastrophic for the labial bone. (Figure 5, below)



Successful outcomes of new techniques and materials are often reported based on poor quality evidence. Carefully photographed results, sometimes enhanced, are frequently paired with self-congratulatory copy before being promoted to the dental profession.

In the quest for the perfect smile, teeth can sometimes be moved to an unstable position with the risk of root resorption (Figures 6a and 6b) swathes of sound tooth tissue being removed, or innocent teeth being extracted for implant replacement, in order to achieve an elusive perfection. This has been termed "double mugging" because the patient loses much sound tooth structure as well as their money in the quest to transform teeth into a desirable fashion accessory. (Figures 1, 3)

Implants are now viewed with deep suspicion by most experienced clinicians as being neither permanent nor perfect. In truth, dentists don't do "perfect" or "permanent" or "certainty" and we should stop implying that we do. Implant survival rates in the published literature can also be misleading - an implant-supported restoration may have "failed" spectacularly either aesthetically or functionally but the surviving fixture may still be reported as a "success".

Most of the causes of dental disease - genetic susceptibility, smoking, sugar intake, lack of effective home cleaning - are beyond the absolute control of the dental team.

It is wise to be cautious and to avoid promising "success" when faced with patients' complex dental problems.

Fig. 6a

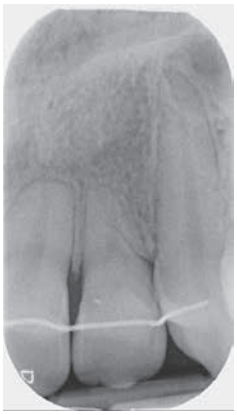
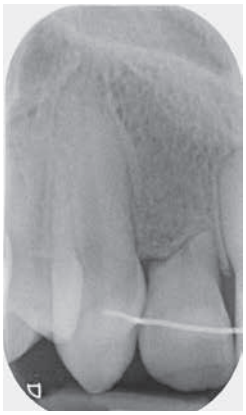


Fig. 6b



Biography
Martin Kelleher
MSc FDSRCPS FDSRCS (Ed) FDSRCS (Eng)

Martin is a Consultant and Specialist in Restorative Dentistry and Prosthodontics at King's College Hospital Dental Institute and a former member of the Board of Dental Protection Limited.

1. The Unanticipated Consequences of Purposive Social Action Robert K. Merton American Sociological Review: Volume 1, Issue 6 (Dec, 1936),894-904
2. Tooth structure removal associated with various preparation designs for anterior teeth. Edelhoff D Sorensen JA; J Prosthet Dent. (May 2002); 87(5):503-9.

PROFESSIONAL SUCCESS

IN THE SPOTLIGHT

Serpil Djemal, Consultant in Restorative Dentistry and Clinical Lead at King's College Hospital, discusses her role in the BBC documentary The Truth About your Teeth. Serpil is a member of the Board of Dental Protection Limited.

The Truth About Your Teeth, a two-part BBC series filmed at King's College Hospital, London, was aired in the summer of 2015, and offered a fresh look at the science behind dentistry.

How did the original inspiration for this documentary come about?

King's College Hospital was approached by production company Raw TV with a view to making a documentary. It used a format established at the BBC which has produced other programmes in The Truth About series, so it was only logical that at some point teeth would be discussed.

Together with the hospital communications team, we had several meetings with the production team to brainstorm what would make an interesting programme because, let's face it, teeth aren't sexy! In this way, a joint and shared vision started to appear.

What messages did you want to communicate?

A key public health message was to urge the general public to see a dentist, and also recognise their own responsibility for oral hygiene. By working together dentists and the general public can reduce dental decay and gum disease.

We also wanted to address common dental-related phobias and demonstrate that these can be overcome. I think we did this quite nicely as the programme featured a number of success stories.

Was it easy to work in partnership with the production company?

The production company was superb. When we embarked on this project we were a bit apprehensive – what messages would be given about dentists and what light would King's be shown in? The production company respected our concerns and, with the help of the hospital communications team, portrayed dentists as compassionate human beings.

How well did the production fit into everyday life at your clinic?

It was really stressful accommodating a large production team – especially when you have a busy department to run and patients to see. There was a huge amount of coordination needed and juggling all of that was quite difficult.

What did you enjoy most about the process?

The biggest highlight was the positive results the patients received – they were all successful. Every patient that we treated was showcased; there weren't any that we didn't show because something went wrong.

Activities like this bring the whole team together. Everyone from the administration and reception staff to the nursing and clinical staff did their bit to make this happen.

How were the patients in the series selected and how did you obtain consent?

The BBC brought the patients to us but some of our own patients were also showcased. We obtained patient consent in the same way we would for any other patient referred into the hospital and they also signed a document which confirmed that they were happy to be filmed.

Do you feel the series successfully increased awareness of oral health?

Many colleagues commented on what a great documentary it was; for the messages portrayed and for putting dentistry into a good light. I've had people recognise me on the streets to say "I brush my teeth much better now"!

We didn't set out on this journey to showcase King's; that wasn't our motivation. However, just as the hospital has come out positively, dentistry has too – I think we have already changed some of the habits, attitudes and lifestyles of the viewing audience.

Did you experience any hurdles throughout the process?

We had to squeeze the filming sessions around my own clinics and on occasions I came in on my days off. It was a big undertaking that shouldn't be underestimated.

What can the dental profession gain by engaging in media projects?

It's an opportunity to inform the general public; they've been given too many negative stories about dentists. It's also an effective tool for disease prevention. Working with media teams to produce preventative messages is much better as prevention is better than cure.

What advice would you give to dental professionals who are considering working with the media?

Make sure you trust the teams you are working with and think about your motives – why do you want to work with the media? Make sure your motives are for the right reasons and ensure you retain the right to check everything.

As a profession we should not be afraid to take these opportunities to promote public awareness and confidence in the profession. I have learned that success is not confined to clinical outcomes.

FIND OUT MORE

Read our guide on handling the media at dentalprotection.org

Both episodes of The Truth About Your Teeth are available on the BBC documentary channel hosted on YouTube.

Part one: youtube.com/watch?v=7NZGQZXaKRc
Part two: youtube.com/watch?v=HPcs4O_gi2g


The Truth About Your
Teeth

SUCCESS IN TEACHING

- **The attributes of a teacher can significantly influence the quality of a student's future success.**

There are few things in life as rewarding as helping a novice become independent and then possibly encouraging and developing them towards becoming an expert. Involvement in teaching dental students to the level of general dental practitioner, specialist or consultant provides this reward.

Success in teaching is hard to measure – numbers of students that one has helped to reach their dental degree is a very blunt tool and there is no recognised metric for what makes an excellent graduate, yet we all recognise them when we meet them. The academic achievement of a student provides a partial measure, but is only one part of the triad that must include clinical skills and professionalism.

The true success of dental teaching can only be measured by having a profession that strives to improve patient care, its professional standards and its knowledge-base. An academic who has the qualifications to teach and research effectively, contributes positively to this.

The attributes of a successful teacher include:

- A desire to engage with education processes and the ability to tolerate intelligent people not quite understanding something that you consider obvious
- The ability to break down complex concepts, procedures and patient behaviours into portions that are evidence-based but digestible
- The skill to reconstruct these concepts with the student to provide a deep understanding of the background knowledge and clinical techniques, so that they can apply these to problems that they have not yet encountered.

The process resembles teaching someone to practise musical scales so that they can play any score that is presented to them subsequently. This requires patience, but also honesty to let the student know they haven't yet managed it, without destroying their confidence.

The requirements for success include:

- The ability to understand how people learn
- Familiarity with a range of techniques to embed learning
- An absolute requirement to be able to perform clinical procedures to a high standard under the scrutiny of a ruthlessly critical audience.

Humility is an important attribute of a successful teacher – it should be all about the student, not about ourselves. It helps if you can acknowledge publicly that there is lot that you don't know.

IN RESEARCH

- **An opportunity to drive up standards of patient care.**

Research is a very important aspect of healthcare. It can lead to innovative healthcare solutions, evaluate and underpin the effectiveness and impact of treatments, and show us new ways of preventing, identifying and treating disease. Involvement in research has the potential to be enormously rewarding both for the researcher and, in time, for society as a whole.

Success in dental research can be considered in a number of ways. Some may see it as a means to an end in an academic or specialist career pathway, with most academic and specialist trainees completing some research during their training. Others, including those working in general practice, may view it as a personal intellectual challenge in expanding and refining their scientific literacy by answering a specific concern or issue within their working life/environment.

The publication of a scientific paper, particularly in high impact journals, increases awareness and creates a wider recognition of the author's expertise in a particular area of dentistry. The proliferation of online journals offers is testament to this.

Recognition of individual research projects can create opportunities for some investigators to teach, mentor and inspire additional research, perhaps by means of a collaborative process. Digital platforms make it very easy to share information between investigators in almost any location.

The overriding measure of success in research is that it should have a meaningful impact. It should move a field of dentistry forward, answering questions and problems that continue to beset the dental team, producing translatable outcomes.

A successful researcher recognises and understands a problem before immersing themselves in the thrill of discovery and seeks to provide good scientific evidence to answer that problem. If successful, the research could subsequently guide clinical judgements, facilitate improvements in clinical skills, patient management and most importantly, allow the dental team to provide improved patient care. Even the sharing of a negative outcome can be valuable; eliminating the risk of distortion that can arise from only seeing the results that others have deemed suitable for publication.

UNIVERSITY OF BIRMINGHAM

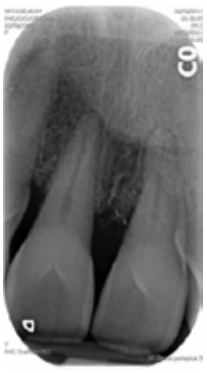
GIVE TEETH A CHANCE

- **Don't rush to extract teeth until you have checked to see if a specialist could help**
- **Where practicable, a referral to investigate what options are available will allow the patient to make an informed choice about their own treatment.**

Although our natural inclination is to try and save teeth if possible, the clinician will also be confronted with situations which may seem hopeless. Before making the decision to extract the tooth, remember there's always the option of a specialist opinion.

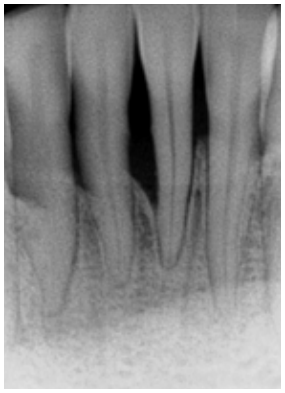
A patient was referred to a specialist regarding a persistent deep periodontal pocket associated within the upper left central incisor. The referring dentist had already attempted several courses of root surface instrumentation, which had made little difference. The patient was aware of the problem and had noticed an increased mobility.

Following a full assessment, the patient was found to have localised chronic periodontitis. There was an isolated deep pocket on the mesial aspect of the UL1 and radiographic examination confirmed the presence of an intra-bony defect. Oral hygiene was good and so a regenerative surgical approach was chosen, using Bio-Oss BioGuide.



After treatment, there was complete resolution of pocketing with no bleeding on probing. Mobility had decreased improving function, and radiographic follow up showed bone fill of the defect. The long-term prognosis of the tooth was greatly improved and a difficult prosthetic challenge avoided.

In a separate case, a patient was referred for generalised chronic periodontitis. The lower incisor teeth had a particularly poor prognosis with bone loss to, and around, the apex. All potential options were discussed and a decision was made to try and retain the teeth as long as possible with simple treatment. Following a course of nonsurgical periodontal therapy and maintenance care, and to everyone's surprise, five years later the teeth are still present and radiographic examination shows increased bone levels. Although unusual, this case does highlight that teeth can last longer than we expect.



Both cases demonstrate what can be achieved with specialist input. With the growing evidence base that teeth last longer than implants, we should not be in a rush to reach for the forceps. Before making irreversible decisions, it may be worth getting a specialist opinion, although in remote and rural practice this may not be straightforward. Advanced periodontal procedures, crown lengthening, re root canal treatment or root canal treatment on curved roots maybe examples where a specialist can help preserve teeth for longer. Such treatments may also prove to be more cost-effective in the long run.

EARN CPD

REPRESENTING THE PROFESSION

- **The dental community is relatively small and this can lead to conflicts of interest, for those asked to assume multiple roles.**

Dentists frequently subscribe to, volunteer for, or are elected to a representative position or office within a professional association, a regulatory body or a speciality group. These organisations may have been established to further scientific knowledge, the interests of individual members of the dental team, as well as responding to public interest.

You could describe a professional body as a group of people who are entrusted with maintaining control or oversight of the legitimate practice of a particular occupation. Within dentistry, some bodies act to safeguard the public interest, whilst others represent the interests of the professional practitioners, or act to maintain their own position as a learned society acting as the custodian of the academic disciplines underlying the profession. Most have some kind of role in setting, promoting or helping to maintain standards.

Many professional bodies are involved in the development and monitoring of educational programmes, offering certification to demonstrate that a clinician has satisfactory skills and knowledge. Membership of a professional body may be synonymous with certification, but not always.

Election to local representative bodies is an opportunity to discuss issues affecting the profession at local level, which may directly or indirectly influence policy at national level. These forums can be a route to be elected as a national representative.

Dental politics are an opportunity to learn about political decision-making within the profession, and how such decisions can influence the working life of the dental team.

Confidentiality is important to those who find themselves in a position of authority within a professional body. Statements which prove to be factually incorrect or subjective can have adverse effects on a professional's future.

Representing the profession can be very rewarding and professionally fulfilling, however sharing that time with family and other professional commitments can be challenging. The work/life balance needs to be carefully assessed before accepting too many positions.

Multiple roles can lead to a conflict of interest as well as potentially questionable decision-making. In such circumstances openness and honesty are a fundamental requirement for success.

SUPPORTING COLLEAGUES

One of our dentolegal advisers was invited to visit a member who had not understood the value and importance of good record keeping. Assisting the member over the years, it became increasingly clear that this weakness was creating multiple errors in his decision making.

Establishing the current situation required some diplomacy. Professionals understandably do not like to be exposed to criticism but he was reassured by the adviser's non-judgmental approach.

By definition, all healthcare workers are dedicated to patient welfare and even though the highest standards of best practice are not always achieved, members of the dental team do not actively choose to undertake sub-standard work or put anyone's health at risk.

Knowledge of accepted standards is essential and there are recognised authorities that publish guidance online to which we can refer. However, the pressures of practice and indeed "life" itself can diminish any enthusiasm to review ones work against those recognised standards.

The patient records were stored on computer and were completed using "auto-text" generated within the software. After a discussion about the value of doing an audit the dentist recognised that changes were required. He devised templates which could be personalised and quickly completed by the nurse, with her comments being checked before the next patient was seen.

Other refinements were also identified and this resulted in a consolidated action plan for keeping computerised records. When the adviser returned a year later, as often happens, the principal felt much happier at work and was finding the job more satisfying and less stressful. The practice now had the skills to monitor and take charge of its governance.

Audit is a most valuable tool but needs to be tailored to different situations. The more detail that is measured, the easier it is for specific deficiencies to be recognised and subtle, important improvements made.

Dental Protection has a collection of audit tools on the website and these can be adjusted for your own practice. They can be found under the risk management tab on our website.

IN THE AUSTRALIAN BUSH

Dr Mike Rutherford met with Dr Andrew Lee to discuss some of the access problems that exist for patients seeking dental treatment in the remote parts of Australia.

Australian historian Geoffrey Blainey coined the term "tyranny of distance" to describe Australia's remoteness from Great Britain, and its effect on the European settlement of Australia. The same term applies equally well to describe the dilemma of delivering health services to rural and remote Australian communities spread over vast distances in small settlements often with limited infrastructures. Oral health services have the additional difficulty of needing cumbersome and expensive equipment for all but basic treatments.

Australians are one of the healthiest populations in the world yet within this success story there are marked inequalities in care – marginalised individuals with unmet needs, including the elderly, indigenous Australians, the poor and rural and remote populations; they all share a smaller slice of the healthcare "cake". This discrepancy in access to health services must be viewed as a failure of the equality that Australians are so proud of.

Overcoming the difficulties posed by distance and isolation, rural oral health services are provided by both government and private services. A combination of rural public health centres, mobile vans, private practices, and innovations such as urban private practitioners providing "fly-in fly-out" services accessing existing but under-utilised government clinics, all contribute to an unevenly distributed service for rural communities. These communities then have to make their own commitment to access treatment – a 200 kilometre drive would not be considered unreasonable to seek dental care – a whole day and travel costs set aside for one dental visit.

Remote areas however can have additional layers of complexity. Services are provided by predominantly government-employed practitioners and some voluntary schemes – often lacking dental infrastructure, services must be provided by practitioners bringing their own equipment typically by truck or caravan, and in some instances by light aircraft or The Royal Flying Doctor Service. These services are generally delivered by extraordinarily dedicated people. Dental Protection member and Senior Lecturer at James Cook University, Dr Andrew Lee was one such practitioner. Dr Lee describes the skill sets required of any dental practitioner contemplating this difficult but immensely satisfying work:

- The ability to work without access to advice or help
- More sophisticated than average surgical skills
- An ability to repair and maintain dental equipment
- A desire to drive a truck and trailer long distances on dirt roads
- A willingness to work and live in predominantly hot, dusty conditions
- A tolerance of insects and rodents
- The skills to maintain necessary hygiene standards for delivery of treatment.

Dr Lee describes success under these conditions as being as basic as leaving a patient pain free and free of infection. It is a far cry from urban concepts of dental success, but stripped back, this is the fundamental objective of healthcare.

In remote areas, these basic requirements are what our profession is about – and it is a service most valued by the recipients. Dr Lee also describes the personal feeling of success in being able to provide these essential services, and the precious moments of living in a landscape unknown to most Australians and in the company of the tough and self-reliant people who inhabit these communities.

Over the years many schemes have been implemented to improve the dental health of non-urban Australians. Federal President of the Australian Dental Association Dr Rick Olive has recently advocated for expansion of the "fly-in fly-out" model into public sector dental services.

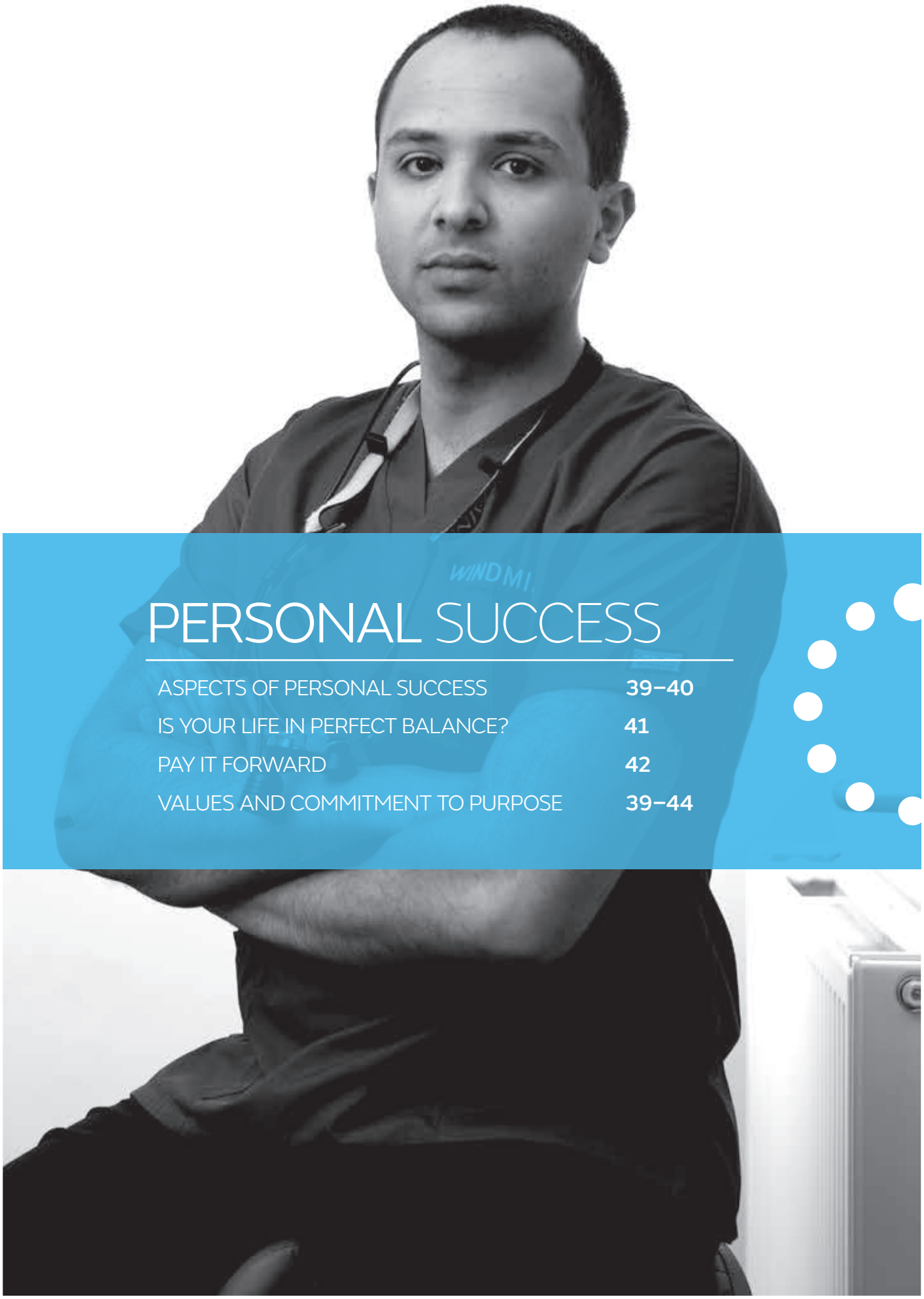
Preferential entry to dental schools for rural students, amnesty for payback of university fees for rural or remote service on graduation, expansion of duties and employment of more oral health therapists, as well as differing models of service delivery have all been proposed to improve access to dental services. Some of these ideas have yet to be implemented, and others have already improved the dental services provided to smaller communities.

Ultimately though, as with most not commercially viable health services, success will depend on the goodwill and commitment of the dental practitioners who are prepared to provide this service.

Biography

Dr Mike Rutherford BDSc BA

Mike is a Dentolegal Adviser based in our Brisbane office. He brings with him more than 30 years' dental experience in private practice, hospital clinics, the defence forces and supervising undergraduate dental students.



PERSONAL SUCCESS

ASPECTS OF PERSONAL SUCCESS

- **Success is a very personal descriptor and varies between individuals**
- **Take time to define the components of success that are meaningful to you**
- **Give yourself enough time to consider and prioritise those components**
- **Create a personal development plan to achieve that final vision**
- **Give yourself permission to be optimistic about success.**

"Whosoever desires constant success must change his conduct with the times." Niccolò Machiavelli

There's no getting away from it. Professional life can be challenging, pressured and competitive. Indeed, with working lives getting longer and with increasing regulatory hurdles along the way, it is becoming harder to ascend the professional slopes and find time to stop to look at the view.

The markets in which we work are driving the tensions between dentistry as a business and dentistry as a healthcare service. Indeed, the notion of dentistry as a vocation is getting quite a battering.

Measurement

The act of one human being helping another may well be questioned if it does not measure up to the standards of success defined by cynical consumers and regulators. Customers are encouraged to seek value for money in an increasingly commoditised purchase – thereby changing and perhaps degrading the hitherto important relationship between the clinician and the patient where the clinician's first instinct is to do their best work, rather than their cheapest.

In this potentially demoralising environment, it is easy to assume that happiness, fulfilment and contentment might form the basis for professional success. At the same time, there are others who think that personal success has to be defined by financial and material wealth. In fact, personal success is measured – and achieved – by attention to a far more diverse set of values.

"It is impossible to escape the impression that people commonly use false standards of measurement — that they seek power, success and wealth for themselves and admire them in others, and that they underestimate what is of true value in life."[1] Sigmund Freud

Planning

It is not unusual for dental practice owners to work to a business plan, a mission statement and perhaps a set of philosophies or policies. This gives clarity of purpose to those who are driving the growth and success of the organisation. The mission and purpose lead to strategies for the operation and a resilience that not only reassures the owners but also investors and stakeholders. For that resilience to be sustained, the financial anatomy of the practice is analysed, budgets planned and systems established. Success is measured by a healthy net profit, satisfied customers and a valuable saleable asset.

Failing to plan is planning to fail

It might seem obvious that "going with the flow" is a foolish strategy for a business and yet, all too often, is one that we frequently use in our own personal lives. The analogy suggests fascinating water-born images: floating aimlessly in a slow-moving river presents the risk of entanglement in overhanging bushes, floundering in stagnant side pools and the tedium of unchanging scenery. Equally, "going with the flow" in white water rapids, could well result in an unknown length of journey as well as serious cuts and bruises, broken bones and even drowning. Both situations would have far more successful outcomes – and be more fun – with a boat and a paddle and something to steer with. Better still would be the addition of a map. In fact, it is hard to see how we can be successful on life's journey without one.

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The aphorism "To fail to plan is to plan to fail" has been attributed to many famous names over the years and it makes good sense. Table A suggests some of the factors that impact on our lives on a daily basis.

The key point is that it is not enough simply to acknowledge that they exist and are important. By planning to give each factor an appropriate degree of attention you are more likely to achieve personal success. It is a matter of balance and consideration of how that balance works best for you needs some time spending on it.

Personal development (success) plan

With few exceptions, "writing it down" is a good place to start. Increasingly, dental professionals are using a professional development plan (PDP) to inform and guide their training and education needs[2]. A similar model can help us to plan the fulfilment of our personal aspirations.

In the first place, perhaps reflect on your personal philosophies and jot down your thoughts. Who or what is most important to you? The "who" is not likely to be a difficult decision to make but, given the balances to be struck in identifying your own unique concept of success, the "what" may be more of a puzzle.

Your priorities might include, for example, financial stability, being true to your ethical values and integrity or maintaining a level of health and fitness that could contribute to a long life. Try, for a moment, to suspend preconceived ideas of what a successful dentist looks like.

What are your current personal strengths and weaknesses and where are the opportunities and threats? What do you want and where do you want to be? Table 1 on page 11 may offer some inspiration, as will a review of Table A below.

The considerations, however, are complex because goals in one area will contribute to and interact synergistically with other objectives in the plan – and the process may well be uncomfortable. Dale Carnegie said:

"Success is getting what you want..
Happiness is wanting what you get."

The point is that your appraisal should include an honest consideration of what will feel like success to you, such that it encompasses personal contentment, fulfilment and happiness.

Overcoming embedded cynicism

Some say that achieving personal success today is difficult; expectations are greater, opportunities are fewer and suspicions are more deeply ingrained. Mark Stevenson, author of An Optimists Tour of the Future, recently suggested to a section of the dental industry in Europe that we should police our own cynicism.

"Cynicism has become embedded in society and is seen as wisdom, a natural reaction to a new idea or wisdom. Yet there is nothing wise or even likeable about cynicism".[3]

He went on to say:

"For the cynic, everything is just a little too hard to imagine, or do. It is the ultimate enemy of the future."

So why not give ourselves permission to be optimistic about our successes?

The concept of luck is a misnomer

Success does not just happen by accident. Commitment to purpose and the investment of time, effort and application can create good fortune and more importantly, overcome ill-fortune. Opportunities are engineered by making sure that we come into contact with new ideas and people whenever we can. Positioning ourselves to recognise an unexpected opportunity – whether it is a career or lifetime opportunity – and then grasping it is not as courageous or foolhardy as it might seem. If you already understand the background to it, you might just have engineered your luck and will make a resounding success of it.

The vision of our individual success is in our own minds. Although our common professional purpose is sometimes confused and challenged by society's agendas, we are an intelligent, resourceful and skilful profession spanning many generations. Ultimately, through reflection, planning and insight we can also equip ourselves to make sustainable and responsible personal choices.

Table A.

1. Freud, Sigmund, "Civilization and Its Discontents", London: Penguin, 2002. ISBN 978-0-14-118236-0
2. www.dentalprotection.org Prism eLearning - Reflective Learning module
3. Dental Insider BDIA Spring 2014 p24

IS YOUR LIFE IN PERFECT BALANCE?

- **Generational differences require a better understanding of the issues for young dental professionals with families**
- **Recognising there is an imbalance in the time devoted to domestic and work issues is the time to successfully rebalance your career**
- **Elevated levels of stress can lead to mistakes and near misses.**

Constant change

As dental professionals, the work life balance remains dynamic. The balancing point constantly moves as we progress through various stages of life and a career. Responsibilities, both personal and work-related, do change and are likely to be very different at the start of a career, as it continues and into the later stages. It is important to accept or adjust to those changes, but this can be challenging. The pivotal point between work and life vacillates and is not static for long. As a result we can find that our lives are better balanced, at certain moments than others.

Increased pressure

On leaving the practice or office at the end of the day, each member of the dental team needs to switch off, leaving work behind. However, there are often many obstacles to achieving separation from the day job. Patients are increasingly more demanding, both in their expectations and apparent knowledge of dentistry, in part thanks to the internet and social media. Clinical standards are likely to be more closely scrutinised as the profession becomes more tightly regulated.

There are financial pressures and time constraints for the working population that impact both the patient and the healthcare provider in different ways that forces both to seek good value in their decision making.

Registered members of the dental team increasingly need to comply with CPD requirements, keep on track with various business targets and administrative tasks. All these demands need to be managed whilst maintaining a personal life and dealing with the unexpected pressures that derive from that. Digital technology is ever changing. It can often be helpful, but it can also create additional pressures because you are contactable 24/7 – and effectively still involved with dentistry even in a domestic setting.

One issue that faces dental team members with children is the difficulty of relying on family help when balancing the demands of work and the needs of children. Relatives may be more diversely spread than they once were, sometimes living in different hemispheres to one another. Families with parents of retirement age are finding that current retirees are more likely to travel than previous generations and as both parents will often work reliance on family members for childcare is increasingly difficult. On the other hand you may live in a community where the family unit is more unified and where there are well-tried strategies to share childcare in situations when parents go to work.

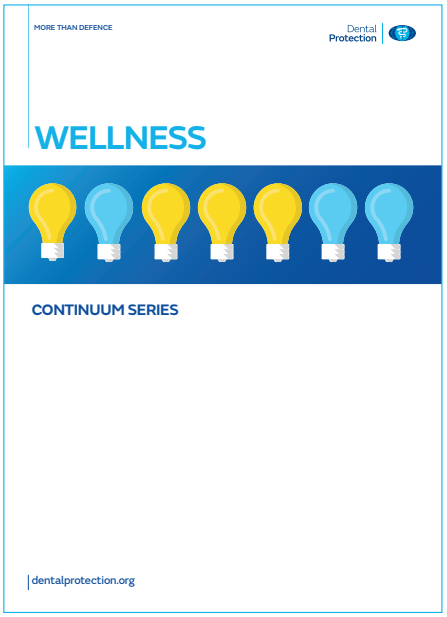
How to manage, especially if the balance isn't right?

Managing the balance is learning how to "switch off" from the constant flow of life that comes in the form of work commitments, family demands, home pressures or other projects. Only then can you focus on one aspect of your life at a time. If the balance is not managed, we can become unsuccessful in all aspects of our lives, and in dentistry this is when mistakes can happen.

Life is like a cupboard with many drawers, where each drawer is a different aspect or thought in your life. They are thought drawers. For example one may be children, partner, parents, family, work or career. If all those issues are thought about at the one time, all the drawers are open and eventually the cupboard will fall over. It is simply not manageable. Close the drawers. Have one open at a time and commit that time to one thing concerning you. When you have finished thinking about it, mentally close the drawer, to open and focus on the next one at another time.

Success in juggling the work life balance

Whether or not they have law degrees or other qualifications, the dentolegal advisers at Dental Protection are all dentists first and foremost - trained and well-equipped to understand the pressures and strains encountered when practising your chosen profession. There are many of them and you can see their names listed in this publication. They are only a telephone call away. As an organisation we pride ourselves on being there for you throughout your professional career – only you will know when you need our support.



Visit **dentalprotection.org** and search for Wellness to find our advice booklet covering the issues raised in this article.

PAY IT FORWARD

- **Passing on the benefits of a dental training is an investment in future generations**
- **Whether you give your time or your money do it before time can degrade the value of your gift.**

"Natural selection will not remove ignorance from future generations."– Richard Dawkins

"Could you lend me enough money to buy brushes and paint?" asked the young artist. *"I will pay you back as soon as the painting has been sold."*

"Better than that," said the new patron. *"Once you recoup the money you must offer it to somebody else who is short of cash and needs to complete a similar art project."*

This is the concept known as pay it forward.

Pay it forward is an expression for describing the beneficiary of a good deed repaying it to others instead of to the original benefactor. International "Pay it Forward Day" was founded in Australia and it has now spread to 70 countries. It is estimated that it has inspired over 5 million acts of kindness.

Making a difference

When you ask people why they chose to study one of the medical disciplines, the most common response is a desire to help their fellow man and to make a difference within society. Such characteristics form part of the selection criteria for candidates applying to study for a medical or dental degree.

Such an inclination may be purely altruistic but can also be accompanied by other forms of motivation: eg. frustration or anger, political views, spiritual belief, a need to be challenged or the need to give back to society.

Whatever the combination of factors at play (and there are many others) the desire to share a professional skill with patients who might not have the means to access a service, which many take for granted, is undoubtedly a kindness. It is a payment forward to the life of another where the benefit has yet to be quantified. It requires a leap of faith to imagine that a voluntary act of kindness could make a difference. Quantifying the difference is even more difficult.

Ratcheting up the impact

There are a number of charities which provide opportunities for members of the dental team to use their skills in situations where access to healthcare is poor or limited by the patient's ability to pay. The settings vary from the developing world to remote areas of the developed world and less affluent inner-city communities.

Participation as a volunteer in such projects is usually for a limited period of time. However a rota system of volunteers is one way that continuity of care can be provided to those in need. In these situations the organisers will fund a core of permanent staff to work alongside the volunteers and oversee more comprehensive treatment plans and serve as an interpreter when there is a mismatch between the language spoken by the dental team and the patients.

So although there are many patients seeking emergency treatment for the relief of pain by means of an extraction, there can be an opportunity to move the patient towards a more comprehensive approach.

Indemnity

Apart from demonstrating a registered dental qualification, many countries require volunteers to have suitable indemnity arrangements in place. With its international experience this is something on which Dental Protection is well-placed to advise. Please contact our membership team before you go.

Leaving something behind

A supply of help to eliminate a back-log of treatment may be helpful in the short-term but if it is possible to train up others who can perpetuate treatments after the volunteers have gone home, that is an even bigger legacy for the host community.

Passing on the benefits of education and training is fundamental to what it is to be human. Without such opportunities, life is less meaningful. Some would say that unless you pass on your life experience, the wisdom you've gained through education will disappear as your physical body wears out.

Mentoring of less experienced colleagues is fundamental to the practice of dentistry – and Dental Protection supports the sharing of experience in this way. If you would like more information just search for our position statement about Mentoring on our website.

"Death is not the greatest loss in life. The greatest loss is what dies inside us while we live." Norman Cousins USA

VALUES AND COMMITMENT TO PURPOSE

- **Personal success arises when purpose is aligned to our most important personal values.**

"Cheshire Puss," asked Alice. "Would you tell me please, which way I ought to go from here?" "That depends a good deal on where you want to go," said the Cat. "I don't much care where," said Alice. "Then it doesn't matter which way you go," said the Cat.

Lewis Carroll, "Alice's Adventures in Wonderland" 1865

One of the more exciting aspects of gaining a dental qualification is that it opens diverse pathways and possibilities for a professional career and indeed, many changes in that career throughout its course. These are unlikely to be directionless, but instead based on our own preferences and aspirations. These in turn are invariably based, consciously or unconsciously, on individual personal values, the mix and strength of which are as unique as a fingerprint.

We are predisposed to holding particular values through a variety of influences on our lives, such as our upbringing, social conditioning and religious beliefs (or absence of). At some stage, before we embark on our professional journey, we need to discover and then articulate our values before we make plans. Career satisfaction and in turn a sense of personal success, will be achieved if our purpose is aligned to our personal intrinsic values, but will be thwarted and we will feel frustrated if there is persistent misalignment. Being part of a healthcare profession makes it difficult to achieve lasting success if some values are absent.

We each need to discover our values, as they will in turn guide our behaviour and ultimately influence our choices.

Countless courses and books have been written on this subject, which suggests that we initially need to think through what is important to us and using a brainstorming technique, make a list of what immediately comes to mind.

Examples of values might include (but are not limited to):

- Achievement
- Security
- Freedom
- Family
- Truth
- Diligence
- Creativity
- Fairness
- Decency
- Respect.

From that list, we then need to decide which element is most important at the current stage of our life and describe what it would mean to us to be successful in living out that value. Looking back, how would we know if we had been successful in that area? Having completed this exercise, we then need to make a personal commitment to live our life, work and relationships reflecting the values we have identified.

How might this affect our career?

At the early stages, we may for example aspire to work in a rather altruistic way, offering healthcare to people who would otherwise not be able to benefit from dentistry. This may come at a financial cost to us personally, but that might not matter at that stage of a career. However, if a family or some other dependents are introduced into the scenario, we may have to reconsider our values and make changes to create more financial security.

The good thing about a career in dentistry is that it liberates our choices and can offer all sorts of rewards, not least financial and it is certainly worth setting time aside, at various intervals, to consider our values and commitment to purpose wherever we are and whatever stage in our life journey we have reached.

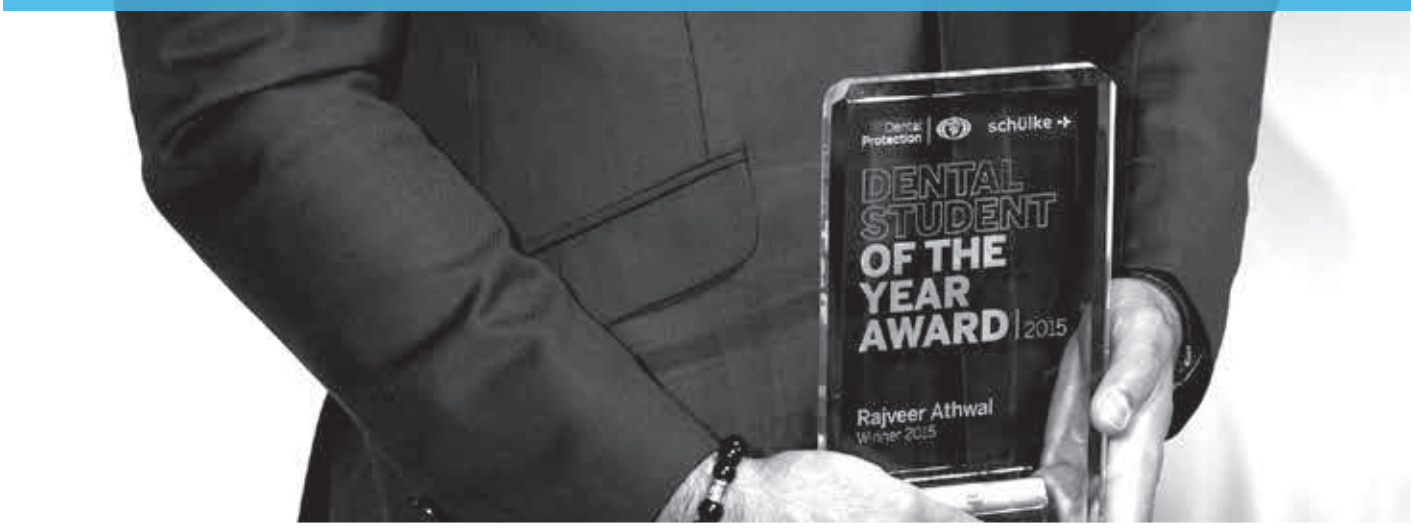
"Your beliefs become your thoughts. Your thoughts become your words. Your words become your actions. Your actions become your habits. Your habits become your values and your values become your destiny." Mahatma Ghandi

MORE SUPPORT THROUGHOUT YOUR CAREER

"When treating patients, don't see them as just having a problem that needs to be fixed, but instead as an individual, with whom you can build a rapport. The success of a treatment plan is not based solely on clinical outcomes, but on having a patient on board every step of the way. There has to be congruence between what the patient agrees is a success and what the clinician believes is a success. "

Rajveer Athwal scooped the title Dental Student the Year 2015 for demonstrating a "globally and culturally aware" approach to dentistry. He is a final-year student studying at the University of Liverpool.

"With you every step of the way"



ABOUT YOUR MEMBERSHIP

This section of our Annual Review provides really important information about your membership, what you can expect from us and what we in turn expect of you. Please take the time to familiarise yourself with it before you need our assistance, because we want you to understand how to get maximum benefit from your membership.

The main areas covered in this section are grouped as follows:

Essential facts

About DPL

Dental Protection Limited (DPL) is a member of The Medical Protection Society Limited (MPS) group of companies. Dental health professionals can apply to become dental members of MPS, served by DPL, with access to all the benefits of membership which are set out in MPS's Memorandum and Articles of Association. "Dental Protection" is a trading name of both DPL and MPS, and is used in this section to refer to the function of MPS that supports the dental members of MPS (such members also being referred to in this section as "Dental Protection members").

MPS is not an insurance company, but a mutual (not for profit) organisation which exists to serve and protect its members and to safeguard their professional reputation, interests and integrity. MPS is the world's largest professional indemnity organisation for doctors, dentists and other healthcare workers. All the benefits of membership of MPS are discretionary (refer to "understanding the indemnity product" below). DPL exists to advise MPS on the unique interests and concerns of dental health professionals, and to provide a service which is designed to meet their specific needs.

As a mutual membership organisation, the subscriptions paid by the membership over the years have created a strong mutual fund owned by the members themselves. We do not exist to make profits, and we have no commercial (profit-making) partners seeking profits, or shareholders seeking dividends out of the subscriptions paid by members. The mutual fund is held for members, and one of the responsibilities of the MPS Board of Directors (MPS Council), and the Board of DPL, is to ensure that this fund is used only for the specific purposes for which members have paid their subscriptions.

Governance

DPL is governed by its own Board of Directors, exercising powers delegated by MPS Council. The Board of DPL are all registered dentists except for the two ex-officio members nominated by MPS Council, namely the Chief Executive of MPS and the Chair of MPS Council. Similarly the Chair of the Board of DPL is an ex-officio member of MPS Council.

DPL is operated by and for dentists, and exists solely to serve and protect the interests of dental members of MPS. It advises MPS Council on all matters affecting the interests of the dental members of MPS throughout the world and provides, on behalf of MPS, membership benefits and services to dental members. Because MPS is owned by its members, the dental members of MPS also share in that collective ownership.

Focus

MPS has been protecting and supporting doctors, dentists and other healthcare professionals for more than 120 years and dentists have been members from the very beginning. The purpose of establishing Dental Protection was to ensure that the founding "doctor for doctor" principles which had been at the heart of MPS's success over the years were extended to the dental profession.

Dental Protection members thereby enjoy the best of both worlds: the dedicated function of Dental Protection means that we can focus upon dental issues and needs specific to the dental team, whilst benefiting from 120 years' worth of wider strength and experience.

ESSENTIAL FACTS

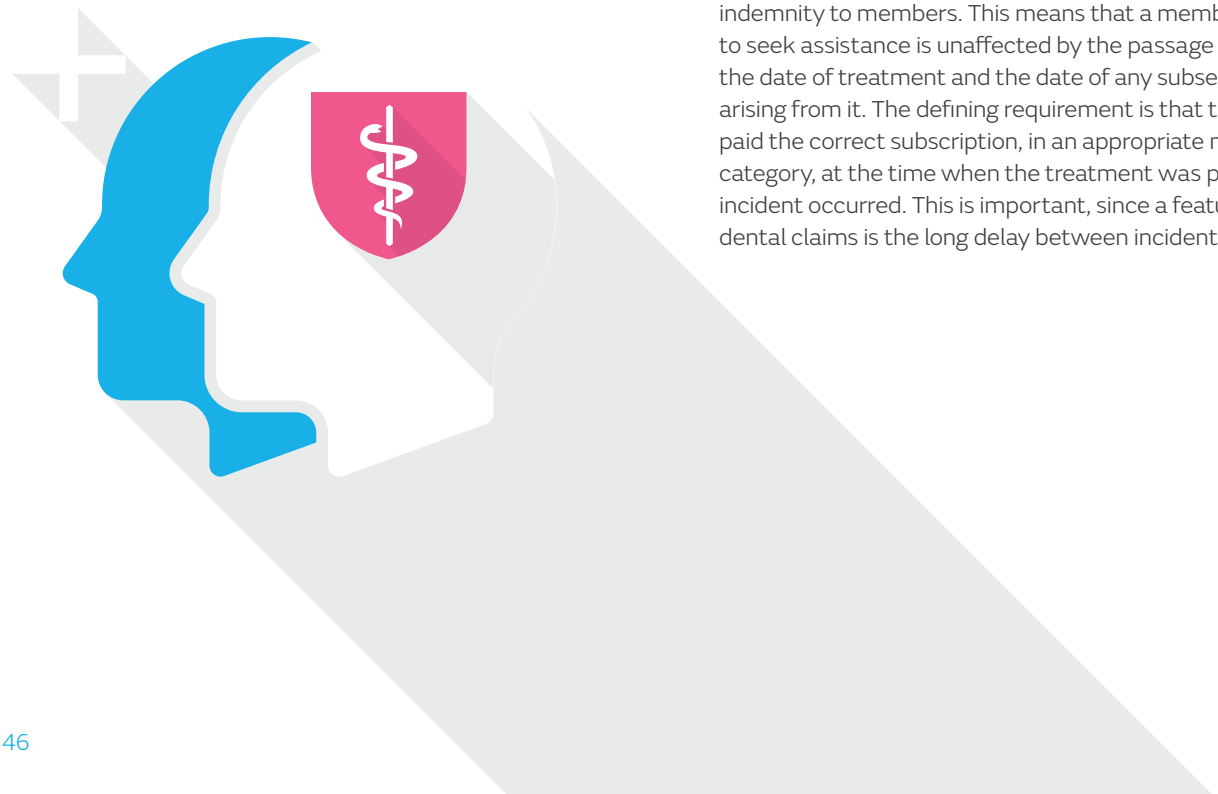
Understanding the way in which indemnity is provided

Specialists

The provision of professional indemnity and risk management advice and services for dentists and other members of the dental team is necessarily different to that for other branches of medicine. Dentists and other dental health professionals understand the fact that dental practice is not the same as medical practice. We carry out different procedures, in different circumstances, and many of the problems we encounter are quite unlike those in medicine. Reflecting this fact, the specifics and detail of the service to and for dentists will need to be quite different in many ways to that for medical practitioners, with different needs and priorities, and different clinical settings and situations to understand.

Dental Protection exclusively looks after members of the dental profession and all our energy can therefore be focused on serving and protecting their interests. We understand the needs of the dental team because all Dental Protection team members have always been an integral part of the profession we serve.

We believe that dental professional indemnity should remain in the hands of people who really understand the dental profession, and not treated as a convenient add-on product or additional revenue stream for commercial insurance companies and other organisations whose primary focus lies elsewhere.



Discretion

MPS is a discretionary mutual organisation. This means that instead of a tightly worded contract (policy) of insurance, defining what will and will not be covered and containing a long list of terms, conditions and exclusion clauses, there is instead the right to request discretionary assistance in accordance with the MPS Memorandum and Articles of Association (see note* page 47).

This discretionary model allows us to adopt a flexible and constructive approach to individual cases (especially ones which are particularly unusual, complex or challenging) and it enables us to assist members in a wide range of situations where most contractual insurance policies would almost certainly exclude cover.

We have an obligation to use discretion fairly, responsibly and in the interests of members. Discretion must never be used arbitrarily or with improper motives. Dental Protection is proud of the responsible use of this discretion in many thousands of cases, often extending the support given to members when they needed it most.

We have a long history of pursuing important points of principle on behalf of members, and a proud record of successful legal challenges in courts of law and other high profile arenas all over the world. All this is made possible by the existence of our discretionary powers, coupled with an unwavering commitment to purpose, and a determination to preserve the mutual principles upon which MPS was founded more than 120 years ago.

Occurrence-based indemnity

We recommend and generally* provide occurrence-based indemnity to members. This means that a member's entitlement to seek assistance is unaffected by the passage of time between the date of treatment and the date of any subsequent claim arising from it. The defining requirement is that the member had paid the correct subscription, in an appropriate membership category, at the time when the treatment was provided or the incident occurred. This is important, since a feature of many dental claims is the long delay between incident and claim.

SUBSCRIPTIONS AND MEMBERSHIP BENEFITS

Subscriptions

The subscriptions charged to Dental Protection members are set on the best available actuarial advice, on the basis of our dental case and claims experience in each individual part of the world.

We are a not-for-profit discretionary mutual organisation, so we do not set subscriptions with the intention of making a profit, but simply to provide prudently for the present and future needs of our members. It would be irresponsible of us to do otherwise. We have no commercial (profit-making) partners, so there is no profit for any such partner included within the subscription you pay to us.

Because we are not an insurance company, your subscription is for membership of a mutually-owned organisation – one that you have a personal stake in – and does not represent an insurance premium. Consequently, there is no insurance premium tax (stamp duty) contained within your subscription*.

As mutual organisation we aim to be fair and equitable when setting subscriptions for different groups of our members, and with this in mind a range of membership grades (categories) are offered in various countries. Members who are considered to represent a particularly adverse risk for the mutual fund, for any reason, may be asked to pay a higher level of subscription and their continued membership may be subject to conditions such as participation in educational or other activities designed to reduce their risk. In this way we try to minimise the extent to which such members are effectively subsidised by the membership as a whole.

Note* In some jurisdictions, the local legislation or regulatory environment makes it difficult or unfeasible for us to offer occurrence-based indemnity. Where this is the case, members will be advised locally of the arrangements that have been made to protect their interests, whilst complying with the local legislation and regulatory requirements.

Membership benefits

A wide range of benefits is available to Dental Protection members, under the provisions of the Memorandum and Articles of Association (copies of which are available in PDF format on the Dental Protection website **dentalprotection.org**

In a small number of international jurisdictions where there is a legal requirement for certain circumstances and risks to be covered by a contract of insurance, rather than by discretionary assistance, some of the benefits that would otherwise apply may be the subject of a contract of insurance from a third party. Members for whom this applies will be notified separately of the details. In such situations, discretionary assistance from us may be limited by law to those circumstances which are not covered by the relevant local legislation.

Important reminders

Payment of subscriptions

Each member has a responsibility to ensure prompt payment of their annual subscription when it falls due, and also to advise us of any change in direct debit, credit card or bank details where payment is being made in this way. Members are also required to advise us promptly of any material changes to the circumstances of their professional practice. The notification of such change should be made to Dental Protection when it first becomes apparent to the member that the change in situation has occurred, is imminent or is likely to occur before the end of the membership year. This is particularly important when a member is moving to a country or a working arrangement where a different rate of subscription may apply.

It remains a member's personal responsibility to ensure that:

▪ Subscriptions are paid when due, whether or not any reminders are sent or received. Prompt payment helps us to make better use of our members' subscriptions by reducing administration costs. Members whose subscriptions are overdue may lose their entitlement to the benefits of membership, and their membership may be terminated. Members are therefore strongly advised to check with their bank or financial services provider to ensure that any payments due to be made have been correctly processed at the due time.

▪ The correct subscription is being paid at all times, in a membership category that properly reflects the geographical location, the full extent of the work done/position held and any other relevant factors. Members who are claiming a reduced subscription rate in one of our concessionary membership categories should also check that their current circumstances still justify this concessionary grade, and be prepared to demonstrate that this is so. Membership categories and the qualifying criteria are regularly reviewed and they do change from time to time – members are strongly advised to check at every renewal date that the category and rate that they are paying is still the correct one. Members should certainly not expect that they will be allowed to correct retrospectively a previously under-paid subscription rate, perhaps after they have become aware of the potential for a claim or complaint relating to the period in question. In such cases the right to any assistance with such cases is likely to be lost.

Membership may be terminated where a member knowingly continues to pay an insufficient subscription after having been advised that they need to review and/or change their membership category.

An invitation from Dental Protection to a member to renew their membership in the same membership category as applied in the previous year(s) does not transfer any responsibility as to its accuracy to Dental Protection. It is every member's personal responsibility to make any necessary enquiries of us to ensure that they are in a correct category and paying a correct subscription based on all relevant facts, at all times.

Your right to apply for assistance may be prejudiced if you are paying, or had previously been paying, an insufficient subscription at the relevant time(s).

Contact details

Members are required, as a condition of their membership, to supply a current address or other reliable means of contacting them, and to advise us promptly of any change in these details. This enables membership reminders and other important correspondence to be received and acted upon promptly, thereby avoiding a situation where a member overlooks the renewal of his or her membership, and loses the right to membership benefits in relation to matters that may not come to light until months or years later.

Members without a permanent address should ideally register with us to receive membership communications electronically (see below), or alternatively provide a reliable forwarding address. In the latter case it is preferable that this address is in the country where you are practising, to avoid any potential confusion over the appropriate subscription rates, since different rates apply in different countries. The absence of a current contact address could mean that you might not receive your subscription renewal documentation or other important communications from us.

Even if you have since left the country where you carried out the treatment in question, and/or are no longer a current member, it is still essential that we are able to contact you.

We may, for example, become aware of a claim against you arising from a former working address, and the need for us to be able to contact you promptly in such situations will be self-evident. We will not be able to provide you with assistance if we have not received and are unable to obtain instructions from you, and in any event we are unlikely to accept responsibility for costs incurred as a result of a member's failure to provide us with a reliable, current address or email contact details. See also the section on page 51 ("Co-operation").

Register your email address

Members should make the most of their membership by registering their current email address with us. In addition to statutory communications, other important updates and information can be sent. It is also possible for qualifying members in the UK and Ireland to register proxy votes at the Annual General Meeting and other statutory meetings via Member Services Online. Visit **dentalprotection.org** and follow the link on the homepage.

Membership queries

Dedicated telephone numbers provide direct access to the Member Operations Service Centre, which is based in Leeds, UK. This team administers the initial application process and the annual renewal of direct members in all categories and it is trained and equipped to handle a large range of membership enquiries by telephone, letter or email. Special arrangements apply for scheme members (see explanation below), which vary from one country to another.

Schemes of co-operation and direct membership

Subscriptions are paid either through schemes of co-operation or by direct membership.

Schemes of co-operation

A "scheme of co-operation" is a formal relationship between Dental Protection and a local (or national) representative – often, a dental association or similar body. In most cases the scheme administrator collects the subscriptions locally, on behalf of Dental Protection, and carries out various other administrative functions, which might include local assistance with complaints handling, providing ethical advice or (in some instances) case management in liaison with Dental Protection. In other cases the scheme partner provides local advice to, or on behalf of, Dental Protection and/or provides services and benefits that Dental Protection would otherwise be providing. This results in a cost saving which can be reflected in lower subscription rates for their scheme members.

Direct membership

Direct membership means that the membership contacts and administration take place directly between Dental Protection and the member, with no third party (such as a scheme of co-operation) intervening. This arrangement is available in the UK, Ireland and many other countries for those members who prefer this relationship. Because of the additional costs of administering direct membership, when compared to membership through an international scheme of co-operation, the direct subscription will usually be greater than that which could be obtained through the local scheme of co-operation, in countries where such an arrangement exists.

Members who practise in more than one country/jurisdiction or who relocate (temporarily or permanently) from one country to another should notify our Member Operations Service Centre or the local scheme administrator promptly and provide full details. This also applies where members are working for very short periods in another country, perhaps in connection with a teaching commitment (members should be aware that in some countries it is necessary to apply for registration and/or work permits even to provide a single lecture). Subscription rates vary across the world and the correct subscription must be paid to ensure that the full benefits of membership remain available to you in each country where you work.

Members who subscribe to us directly ("direct members" – see above) will be advised of any rate changes and will be sent their individual renewal forms direct from our Membership Operations Services Centre in Leeds, UK. Members who subscribe through schemes of co-operation or local Dental Protection offices including Australia (some States only), Hong Kong, Malaysia, New Zealand, Singapore, South Africa, some parts of the West Indies and elsewhere will be notified of changes in subscription rates by the relevant Dental Protection office or scheme administrator, to whom any subscription query should be addressed.

Contact our Member Operations Service Centre or your local scheme administrator for information about current membership categories applicable to your own location. Not all of the categories of membership are available in every international jurisdiction, so there may not be a directly comparable equivalent when you move between countries. In general the range of options will tend to be greater in those countries where we have the greatest number of members and/or where other factors introduce additional complexity.

Lapses in membership

Anyone whose membership lapses may need to re-apply for membership in the same way as a new applicant, and the underwriting process may need to take into consideration any previous lapse(s) in membership.

GETTING THE BEST OUT OF YOUR MEMBERSHIP

..and how requests for assistance in specific situations are generally approached

Records

Always make and keep full, accurate and contemporaneous notes. Whether held in hard copy or electronic form, they should be legible, intelligible, objective and written in the knowledge that they might, one day, be referred to in a court of law or similar investigatory forum.

Under no circumstances should the original contemporaneous records (whether held electronically, or in paper form) be tampered with after a problem has arisen; such acts of dishonesty can have serious professional consequences. When writing any records, which include correspondence with or about the patient, you should be mindful of the fact that in many countries, patients have a legal right of access to copies of their records on request.

Records should be safely preserved for an appropriate number of years after any episode of treatment. This timescale varies according to the laws of each individual country. In general, records (including x-rays, models, etc.) remain the property of the clinician (or practice owner) and originals should not be released to patients or other third parties. In both these respects we would be happy to give appropriate local guidance upon request.

Vicarious liability

If an employee commits a negligent act or omission whilst acting in the course of their employment, the employer can be held to be vicariously liable for any resulting claim. So also can a dentist who, even if not the actual employer, is directing, actively controlling or supervising the work of, for example, a dental nurse. This can apply even in situations where the negligent act was expressly forbidden by the employer, or where the omission represented a failure to follow reasonable instructions given to the employee by the employer.

However, there is an implied term in most contracts of employment that employees will exercise reasonable skill and care in the performance of their duties. Where an employee's wilful act or omission, gross misconduct or negligence results in a claim against the employer, the employer may be entitled to seek "a contribution" from the employee.

Partners are usually jointly and severally liable in legal actions brought against a partnership and it is essential that each partner and every assistant is a member of a recognised protection or defence organisation, and/or is appropriately and adequately indemnified/insured.

Before engaging any full-time or part-time employee or locum, you are advised to satisfy yourself as to their credentials, and seek evidence of registration (if applicable) and professional indemnity, as well as any other statutory requirement (for example, a work permit, if applicable). The currency of these documents should be checked annually, and copies retained indefinitely, because there are many instances in which you would need to be able to produce them, perhaps many years after the end of the period of time to which they relate.

It is important that members should understand that our subscriptions for each individual member are calculated on the basis of the risk represented by a single member. In the interests of fairness across the membership as a whole, members should therefore not expect to be indemnified for the acts and omissions of any

other dentists, on the strength of a single annual subscription being paid by one member (such as the practice owner). This applies equally whether the other dentists are partners, employed by the practice, locums or deputies, or self-employed independent contractors who might be considered to be in a "de facto" employment relationship with you.

Members need to be mindful that they may therefore be personally exposed to these risks. However, in wholly exceptional circumstances and on rare occasions we may use our discretion to depart from following the general principle described above, where a member can demonstrate to the satisfaction of MPS that they have taken all reasonable steps to mitigate their exposure to such claims. Members can look to us for assistance in the usual way if through no fault of their own, having taken all reasonable precautions and having followed the advice below, they find themselves drawn into a claim which alleges their vicarious liability.

The steps that might sensibly be taken vary from one country to another because of differences in local law and its application but as a minimum the steps below should be taken by practice owners or others with potential vicarious liability:

a) Ensure that all members of the dental team are operating within the limits of their competence and/or legally permitted scope of practice.

b) Practice owners should ensure that they have a written agreement with both the registered and non-registered personnel that they employ, and any other registered health professionals with whom they work.

c) Make it a condition of employment or a term of any other contractual relationship that adequate and appropriate professional indemnity should be maintained by every registered healthcare professional, at all times.

d) Ensure whenever possible that the person's professional indemnity is occurrence-based (see page 46) because this helps to avoid some of the potential exposure.

e) If the person's indemnity takes the form of "claims-made" insurance, this wherever possible should include "run-off cover" (an extended reporting period) in perpetuity, without this being dependent upon payment of any further premium. A copy of any such insurance policy should be obtained to determine its terms, conditions, limits and exclusions. Members should seek appropriate advice to satisfy themselves as to the adequacy of any such insurance policy and to identify any residual risks to which they might personally become exposed.

f) Insist on sight of documentation to confirm that professional indemnity has been renewed annually and/or any agreed payments by instalments have been honoured. Keep copies of any documentation to demonstrate that these crucial checks have taken place and the necessary indemnity was in place at all times.

g) The employer should do everything possible to reduce the likelihood of complaints and claims being made either against themselves, or against the person in respect of whom they might be held to be vicariously liable.

Co-operation

Members are required (under 40(6) of the Articles of Association) to co-operate fully with us, and to accept and follow our considered advice and guidance when we are assisting with a case on their behalf. Members should provide information promptly when asked to do so, should reply to correspondence and respond in timely fashion to any other forms of contact from us or on our behalf, and should make themselves available for any meetings that may be necessary in the proper management of the case. Assistance may be withdrawn at any time if this co-operation is not readily forthcoming, and the member concerned will generally be held responsible for any costs incurred unnecessarily as a result of his/her lack of co-operation. Any financial contribution sought from a member on this basis, and which remains unpaid, is considered as a liability under the terms of the Memorandum and Articles of Association, and until such time as it is paid, the member ceases to be entitled to the benefits of membership.

Members are encouraged to tell us about any personal problems or circumstances that are preventing their full co-operation, and we will always do our best to respond with sensitivity and understanding, while also being mindful of our responsibilities to the membership as a whole and the proper and responsible use of the subscriptions that members pay to us. It is not acceptable, however, for individual members simply to ignore communications from us, or any attempts we make to contact them, nor is it fair to waste the time and resources of Dental Protection, thereby compromising and undermining the service we are able to provide to other members. In such situations, assistance may be withdrawn and members should not assume that we would continue to represent them in the absence of their full co-operation, including their willingness to attend meetings, case conferences and hearings in person.

It is our policy to keep members fully informed and involved in cases concerning them, but ultimately the management and conduct of a case remains at our discretion, reflecting the best legal and other expert advice we obtain. This principle is important if the broader membership is to be properly protected against costly and perhaps misguided legal or other challenges that might be favoured by an individual member, contrary to our considered assessment of a specific case.

However, where a member is not responding to our communications, we may take decisions on their behalf without further reference to them, in the proper and timely management of a case and in order to avoid additional costs being incurred unnecessarily. In some situations we may need to withdraw assistance and in general members should (other than in exceptional circumstances such as serious illness or incapacity) not expect to be represented at a hearing if they are unwilling or unable to attend themselves.

Contributions to settlement

When approaching the management of cases, we adopt the general principle that it would be inappropriate for an individual member to "profit" from the provision of unsatisfactory treatment, while the membership as a whole is left to meet the resulting costs. In a mutual organisation such as ours, this principle is felt to be particularly important, especially in cases where significant fees have been received by the member concerned, or where the same member has been involved on more than one occasion.

With this principle in mind, we may ask for the return of the "profit" element of fees received for the dental treatment in question. Although not all "profit" in its broadly accepted sense, this contribution to the overall settlement, made by the dentist(s) concerned, seems to be the most equitable way of ensuring a proper distribution of this aspect of the costs amongst all members. The extent of any such "profit" contribution requested will inevitably vary according to the circumstances of each individual case.

Where a member has acted contrary to the advice given by Dental Protection (or its local representatives) either generally – as set out in this or other publications – or in the specific circumstances of a case, a member may be asked to contribute an appropriate amount towards the total costs of conducting the case.

The extent of any such contribution would normally be equivalent to any costs incurred over and above those which might reasonably have been expected, had the member sought and/or followed advice given by us, or on our behalf.

Any contribution sought from a member on this basis, and which remains unpaid, is considered as a liability to MPS under the terms of the Memorandum and Articles of Association, and until such time as it is paid, the member ceases to be entitled to the benefits of membership.

Other circumstances in which a member may be expected to make a personal financial contribution include:

- Cases that include elements that fall outside our normal scope of assistance (for example, non-professional matters or matters relating to personal conduct), but where it is not practicable to separate the conduct of the case into those parts that we should, and should not assist with.
- Cases which include both some aspects with which the member is entitled to assistance, but also some events which occurred outside a period of MPS membership, or during a period where the member was in an incorrect category, therefore paying insufficient subscriptions.
- Cases where additional costs are incurred by us as a result of a member's lack of communication and co-operation, or provision of incomplete/misleading information which is later corrected or withdrawn. This would in most cases include situations where allegations or facts are initially denied but later admitted.
- Situations where a member wishes to conduct a case in a way which is contrary to that which we believe to be appropriate, proportionate and/or in the member's best interests.

In the fourth situation described above, an alternative approach might be to invite the member to conduct the case on his/her own authority and instructions and at his/her own expense, leaving open the option for the member to ask us, upon conclusion of the case, for a retrospective and discretionary contribution to the costs incurred.

Where contributions are required from members in situations such as those described above, part or all of the sums requested may need to be paid before further legal costs are incurred by us on the member's behalf.

Business/financial matters

In general, we would not normally assist with matters which are considered to be purely, or largely of a business/commercial/financial nature. Debt collection or enforcement, or disputes over money claimed and/or received by a member, owed to or by a member, or levels of remuneration, are typical examples.

Disputes or challenges in relation to employment or business contracts entered into by a member would normally be viewed as a business or personal matter, even if the activity to which the contract relates is connected in some way with the practise of dentistry. An example of this might be a claim for payment for professional services, which is likely to be viewed as being distinct from the actual delivery of the professional services themselves. Similarly a member might be pursued for civil damages for having failed to honour the terms of a private contract that they had entered into, and this would normally be considered as a business matter outside the proper scope of our assistance. This would normally be the case, even if the activity to which the contract relates is connected in some way with the practise of dentistry.

Personal versus professional conduct

Some cases raise fundamental questions of whether the conduct about which a member faces a complaint or legal action arose directly out of the practise of dentistry or out of personal conduct which was not directly related to the practise of dentistry.

The acts may be only loosely related to the practise of dentistry (for example, by virtue of having been committed at the work/practice premises, or because they happened to involve an employee or working colleague). Each case is considered very carefully on its individual merits, but in general, requests for assistance with personal matters when any connection with the practise of dentistry is either not established at all, or at best is tenuous or indirect, are outside the scope of assistance.

Where allegations relate to acts or events wholly unrelated to dentistry, assistance is very unlikely to be provided, because this is not a purpose for which the subscription was collected.

Charges relating to driving whilst under the influence of alcohol or other substances, even if the journey was in connection with the treatment of a patient, is an example of a situation where assistance would not normally be considered to fall within Dental Protection's proper scope of assistance. Acts of fraud, dishonesty/deception or indecency which happen to take place in connection with the business or practise of dentistry would likewise be outside the scope of assistance.

Situations might arise where a professional regulator/registration body wishes to investigate acts which have been the subject of a criminal conviction of a registered dental health professional. A criminal act cannot reasonably be considered to be the normal practise of dentistry, and nor is it possible to "go behind" the fact of the conviction. Consequently it is highly unlikely that further assistance would be given in any claim resulting from a criminal act, subsequent to the conviction.

Similarly, members would not normally be assisted with any regulatory investigation arising as a result of an event which was from the outset wholly a matter of personal conduct on the part of the member concerned. Personal conduct can take many forms, but by way of illustration, a member may decide to claim fees from a third party in circumstances where he/she could or should have been aware that the fee claim was inappropriate. That decision and that action to claim the fees would normally be viewed as personal conduct even if the claim happened to relate in some way to the treatment of a patient. Similarly, a member may knowingly carry out treatment contrary to undertakings given, or conditions imposed on his/her registration. Taking the decision to undertake that treatment, in those circumstances and in full knowledge of the potential consequences, would normally be viewed as personal conduct; quite separate from any professional issues arising from the treatment itself.

Fines, penalties and other costs

Fines, awards of punitive/aggravated damages, payments of damages or costs resulting from employment/business (as opposed to professional) matters and requirements to repay money received from patients or third parties (for example, health funds, state payment agencies, insurers, etc.), remain a member's personal responsibility at all times, and Dental Protection would not normally pay or reimburse any such outlay on behalf of a member.

In some jurisdictions a regulator or other body may seek to recover the costs of an investigation from a registrant who has been found to have acted inappropriately. Each case is viewed on its individual merits but in general, requests to pay such costs will be viewed unfavourably when there is no connection with the practice of dentistry, or any such connection is at best is tenuous or indirect.

HOW WE CAN HELP

24 Hour emergency helpline

T +44 (0)20 7399 1400

F +44 (0)20 7399 1401

T 0800 561 1010 (Freephone accessible within UK only)

Other ways of contacting us

Please refer to the local contact details on page 58–59.

Don't panic – help is at hand

One of the many advantages of being a member of a specialist organisation such as Dental Protection is that you are able to discuss your problems and concerns with experienced dental colleagues who can empathise with and understand the situation you are facing. Members are also reminded of the availability of the free global counselling service, details of which are provided on the website and encouraged to take advantage of this service if they feel the need to do so.

Requests for assistance

Immediately on becoming aware of any claim or the likelihood of any claim, or the need for advice on any aspect of dentistry which could put your professional integrity at risk, you are asked to notify us as soon as possible and seek our advice. If you are served through a scheme of co-operation, you should notify the local scheme. Where necessary, an appropriate lawyer will be instructed and, in cases of urgency, you will be invited to contact the lawyer directly so that a meeting or other opportunity for discussion may be arranged as soon as possible.

Members should not approach lawyers direct without first contacting us or our local agents.

Please note that we cannot accept responsibility for costs incurred by members without our prior authority, nor for costs incurred unnecessarily as a result of a member failing to seek, or act upon, our advice.

When writing to us or one of its agents, you are asked to provide the following details so that we can correctly identify you and protect your confidentiality:

- Your full name, address, qualifications and current daytime and evening contact details. Include email address (or fax details) if relevant, and indicate any preference you have regarding how, when and where we should communicate with you, bearing in mind any confidentiality considerations.
- Your Dental Protection membership number (you will find this on your membership certificate).

IMPORTANT:

Because of legal and ethical Data Protection / Privacy requirements, do not send any records or x-rays to us (neither originals nor copies), nor anything else from which the identity of the patient could be discovered, without our specific instructions. Always contact us first and we will advise you what we need, and what information you are legally entitled to send us (this varies from one country to another).

Members should not give undertakings, negotiate settlements or incur legal expenses without the prior approval of Dental Protection. If you do so, you should not assume that the cost will be met by us retrospectively. An exception may be made in cases of genuine emergency but you should then notify us as soon as possible.

If additional costs which might otherwise have been avoided are likely to be incurred as a result of a member's admission of liability, or any other steps taken by a member prior to contacting us, the member may be asked to contribute towards these costs or pay all of these costs personally. The same is likely to apply where additional, avoidable costs are incurred as a result of a member acting contrary to our advice or taking any step without our agreement while we are conducting a case on their behalf, which complicates or prejudices its outcome.

Feedback

We want you to be happy and satisfied with all aspects of your relationship with us. Please give us feedback on your experiences - whether these comments are positive or negative - and be assured that all such feedback is welcomed, taken seriously by us, and acted upon. If you are dissatisfied with any aspect of the service and support that you receive from us, please let us know. We have a complaints process which is fair, consistent, confidential and responsive and we direct you to the Dental Protection website for further information.

MORE SUPPORT THROUGHOUT YOUR CAREER

LEARNING FOR YOU

Our ethos is to work with our members, throughout your career, to help you learn the skills needed to avoid common dentolegal pitfalls. We offer support through education materials, risk management resources, workshops and online learning.

Free for members

ONLINE

Delivered free of charge for our members worldwide, many modules are recognised by Dental Councils or Boards in your jurisdiction.

- **Over 40 hours of professional development available**
- **Learn at a time and place to suit you**
- **Support throughout your career**
- **Accessible across multiple devices**

MANAGING RISK SERIES

Over 35 modules available, using video and interactive case studies to highlight challenging situations dental teams might face.

Each module takes around 30 minutes to complete and includes topics, such as:

- Ethics
- Complaints handling
- Clinical topics, including:
  - Endodontics
  - Orthodontics
  - Oral Cancer
  - Radiographs and imaging

REFLECTIVE LEARNING MODULE

Many Dental Councils or Boards are now actively encouraging all clinicians to reflect on their work and develop personal development plans. This module gives an introduction to this important topic, giving a structure to thinking about your work in practice.

90%
of members would recommend our online courses to their colleagues

30,000+
Dental courses completed on Prism our online learning resource

8,000
Number of active dental users on Prism

40+
Hours of CPD available on Prism – and growing

MORE SUPPORT THROUGHOUT YOUR CAREER

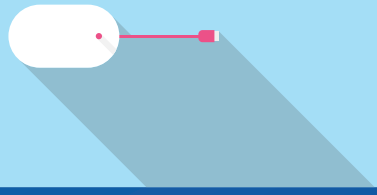
ONLINE PUBLICATIONS ARCHIVE

Keep your practice up-to-date with the latest news, case studies and topics, combining globally applicable principles, with country-specific detail.

- **Consent**
- **Record keeping**
- **Position statements**
- **Regulatory advice**
- **Complaints handling**
- **Continuum series (designed to support members of the dental team at key stages in their career)**

ACCESS E-LEARNING

- Log into our e-learning pages with your membership number at : dentalprotection.org/elearning
- If you have any difficulties logging in please contact the e-learning helpdesk elearning@dentalprotection.org



"Very clear, concise and practical."

"Informative, this will definitely improve my record keeping."

MASTERING SERIES OF RISK MANAGEMENT WORKSHOPS

With the aim of minimising risk and delivering improved patient care, our risk management workshops are focused on advice and practical tools and tips.

Mastering workshops are available in Australia, Hong Kong, Ireland, Malaysia, New Zealand, Singapore, South Africa and the UK.

- **In 2015, over 2,900 dental members, worldwide, attended one of our Mastering workshops**
- **98% of attendees would strongly recommend these workshops to a colleague**

Free for members

- 3 hours of verifiable professional development per workshop
- Limited to 25 participants
- Written by dentists for dentists

- **Mastering Adverse Outcomes**
  Increase your understanding of ethical, regulatory, legal and professional obligations following an adverse outcome including duty of disclosure
- **Mastering Difficult Interactions**
  Learn techniques to minimise conflict and deal with challenging scenarios, such as aggressive or upset patients
- **Mastering Consent and Shared Decision Making**
  Explore ways to address the rising expectations of patients for information about their healthcare choices
- **Mastering Your Risk**
  Gain a greater understanding of the motivation behind patient claims and complaints and why patients sue

To book your place on one of our above workshops and to find out more, visit: dentalprotection.org
Select your country and visit the 'Events and E-learning ' section.

"Very valuable, morning spent looking specifically at dento-legal risk reduction - we should all take time out for this!

"Very enjoyable - thank you! Seamless organisation. Group size just right.

CONTACTS

A national listing for all members subscribing through schemes of co-operation or directly with Dental Protection. A full list of all contacts is also available at **dentalprotection.org**

Australia

Direct membership available in all States and Territories via
DPL Australia Pty Ltd
Level 1, 65 Park Road, Milton, Brisbane 4064, QLD, Australia
Postal address:
PO Box 1013 Milton BC QLD 4064
For case related advice:
notification@dpla.com.au

Membership enquires:
T 1800 444 542 (Freecall)
F +61 (07) 3831 7255
E membership@dpla.com.au

Case-related advice:
Brisbane office
T 1800 444 542
F +61 (07) 3831 7255

Melbourne office
Level 3, 100 Dorcas Street, South Melbourne, VIC 3205
T 1800 444 542
F: +61(07) 3831 7255

Scheme members
Australian Dental Association branch members in Western Australia and Northern Territory should contact their local scheme representatives:

ADA NT Branch
GPO Box 4496, Darwin, Northern Territory 0801, Australia
T +61 (08) 8982 0407
admin@adant.org.au

ADA WA Branch
Sue Hurley, PO Box 34, West Perth, Western Australia 6872, Australia
T +61 (08) 9211 5678
F +61 (08) 9321 1757
admin@adawa.com.au

For case-related advice in WA contact the Dental Cases panel:
T +61 (08) 9211 5627
cases@dentalcases.com.au

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Bermuda (see note*)

Cox, Hallett, Wilkinson*
PO Box HM 1561, Milner House, 18 Parliament Street, Hamilton, Bermuda

T +1 (441) 295 4630
F +1 (441) 292 7880

Caribbean

All enquires* should normally be addressed to Dental Protection, see UK. In an emergency immediate advice may be sought from the local lawyers as indicated*

Anguilla (see note*)
Keithley Lake & Associates*
Attorneys at Law, The Law Building, The Valley, Anguilla
T +1 (264) 497 2069

Antigua (see note*)
Roberts & Co*
PO Box 1301
60 Nevis Street, St John, Antigua
T +1 (268) 462 0076/1388

Bahamas
(see note*)
Bahamas Dental Association
Annette Warren, PO Box, N1081, 2nd floor, Low Fann House, 53 Collins Avenue, Nassau, Bahamas
T +1 (242) 326 2275 F +1 (242) 326 2260

Higgs & Johnson*
Ocean Centre, Montagu Foreshore, East Bay Street, PO Box, N 3247, Nassau, Bahamas
T +1 (242) 502 5200

Barbados (see note*)
Barbados Dental Association
Gertz Plaza, Upper Collymore Rock, St Michael BB14004, Barbados
T/F +1 (246) 228 6488
bdosdentalassoc@caribsurf.com

Carrington & Sealy*
Belmont House, Belmont Road, St Michael, Bridgetown, Barbados
T +1 (246) 436 6700

British Virgin Islands (see note*)
O'Neal Webster*
Simmonds Building, 30 De Castro Street, Road Town,
Tortola, BVI
T +1 (284) 494 5808

Cayman Islands (see note*)
Hampson and Company*
Citrus Grove, 5th floor, Goring Avenue, PO Box 698, Grand Cayman KY1 1107
T +1 (345) 926 8054

Mourants Ozannes*
4th floor, 94 Solaris Avenue, Camana Bay, Cayman
T +1 (345) 949 4123

Grenada (see note*)
Henry, Henry & Bristol*
PO Box 386, 4–6 Lucas Street, St George
T +1 (473) 440 2500/2809

Guyana (see note*)
Cameron & Shepherd*
2 Avenue of the Republic, Georgetown, Demerara, Guyana
T +5 (922) 260 2671

Jamaica (see note*)
Karen James
5 Ingleside Drive, Mandeville, Jamaica, West Indies
T +1 (876) 999 0575 F +1 (876) 962 2901

Livingston, Alexander & Levy*
PO Box 142, 72 Harbour Street, Kingston, Jamaica
T +1 (876) 922 6310/9

St Kitts and Nevis (see note*)
Hamilton & Co*
Hamilton House
5 Lozack Road
Basseterre
St Kitts
T +1 (869) 465 2900

St Lucia (see note*)
St Lucia Medical & Dental Association
PO Box GM691, Castries, St Lucia
T/F +1 (758) 451 8441

Chong & Co*
27 Micound Street, PO Box 81, Castries, St Lucia
T +1 (758) 452 3040/453 2132

St Vincent and the Grenadines (see note*)
O.R.Sylvester & Co*
Marcola Plaza, PO Box 951, Halifax Street, Kingstown, St Vincent and the Grenadines
T +1 (784) 456 1523

Trinidad and Tobago (see note*)
Andy Miles
7 Terracita Drive, Lady Chancellor, Port of Spain, Trinidad
T +1 (868) 625 3051 F +1 (868) 627 2863
agmiles.miles@gmail.com

Hamel Smith & Co*
Eleven Albion, Cnr Dere & Albion Street, PO Box 219, Port of Spain, Trinidad
T +1 (868) 623 4237/9

Hong Kong

Hong Kong Dental Association
Duke of Windsor Social Service Building, 8/F 15 Hennessy Road, Wanchai,
Hong Kong
T +852 (0)2528 5327
F +852 (0)2529 0755
hkda@hkda.org

Ireland

Local numbers
Membership Helpline
01280 8668
(Ireland local rate)
For dentolegal advice
01280 8668 (Ireland local rate)
F: +44(0)20 7399 1401
enquiries@dentalprotection.org

Malaysia

Malaysian Dental Association
No 54–2 Medan Setia 2, Plaza Damansara, Bukit Damansara, 50490 Kuala Lumpur, Malaysia
T+60 (0)3 2095 1532/1495
F +60 (0)3 2094 4670
mda@streamyx.com

New Zealand

New Zealand Dental Association
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Building 1, 195 Main Highway, Ellerslie,
Auckland 1051, New Zealand
T +64 (09) 579 8001 F +64 (09) 580 0010
Membership: jill@nzda.org.nz
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T +44 (0)20 7399 1400
F +44 (0)113 241 0601

Dental Protection Limited
39 George Street, Edinburgh EH2 2HN, United Kingdom
T 0800 561 1010 (UK only)
T +44 (0)131 240 1860
F +44 (0)131 240 1878
enquiries@dentalprotection.org

Dental Protection

Office locations

You can contact Dental Protection
for assistance via the website
dentalprotection.org
or at any of our offices listed below

London

33 Cavendish Square, London W1G 0PS, United Kingdom
T 0845 608 4000 (UK only)
T +44 (0)20 7399 1400
F +44 (0)20 7399 1401

Leeds

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T +44 (0)20 7399 1400
F +44 (0)113 241 0601

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F +44 (0)131 240 1878

DPL Australia Pty Ltd

Level 1, 65 Park Road, Milton, Brisbane 4064, QLD, Australia
T 1800 444 542
F +61 (07) 3831 7255

Members can obtain verified CPD/CDE after reading this publication by participating in the reflective learning exercise available on the E-learning section of the website **dentalprotection.org/prism**

EARN CPD

The EARN CPD logo used at the foot of a page in Annual Review denotes an article referenced in the online exercise

The cases described in this publication have had some of the details altered to maintain confidentiality of the individuals involved. Pictures in this publication should not be relied upon as accurate representations of clinical situations

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david.croser@dentalprotection.org

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